V. S. No. 1

N. B.-

	PLACE OF DEATH County Cecul	10283 STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No.
	Village or City Post School. 2FULL NAME AND B.	St.: Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DEVENOUS OF DEVENOUS OF THE PROPERTY OF T	16 DATE OF DEATH Sept - 20 , 1920 (Month) (Day) (Year)
	6 DATE OF BIRTH 2, 1853	17 I HEREBY CERTIFY, That I attended the deceased from 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(Month) (Day) (Year)	1750
	1 dayhrs.	The CAUSE OF DEATH * was as follows:
Contraction of the last	e occupation (a) Trade, profession or particular kind of work suffit Alvicuatory	artero-Scleroess
1	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Syrs. mos ds.
1	9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) 5 yrs mos ds.
401	10 NAME OF FATHER SELFAN OF Chroham	(Signed) M. D. 9/20 1923 (Address) Port Labour Md
	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER SURANUE CELENOS	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds, Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informany Wrs XB. alprahamo (Address) for the Rose (M)	USUAL PERIODE DATE OF BURIAL SPLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 30 19
010	15 Filed 9/22 1930 L J. Landers Registrar	20 UNDERTAKER LAUTENSON LINGUILLE
	If more branks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1,

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmar (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman. (b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthera (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature American Medical Association.) (Recommendations on statement of cause of death te(anus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railreay train-"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid as fracture of skull, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, Chronic valvular heart disease; and consequences (e.g., sepsis, etc. The contributory

BINDING

FOR

MARGIN RESERVED

S. No. 1.

C	PLACE OF DEATH	01518	STATE OF M CERTIFICATE	
Vill	lage or City Port Deposit (No. ,		RegistrationSt.;Ward)	Oist. No
	PERSONAL AND STATISTICAL PARTICULARS	MED	ICAL CERTIFICATE	OF DEATH
7 AC	The service of the se	that I last saw h	(Month) Y CERTIFY, That I att 1929, to L alive on The curred on the date stated	one (Day) (Par) (Par)
D (t	a) Trade, profession or articular kind of work O Control usiness, or establishment in which employed or (employer) IRTIPLACE (State or country)	Contributory Secondary	011	ypertension yrs
ARENTS	10 NAME OF FATHER LEMY ACTY 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF THE O	Violent Causes.	O (Address)	or, w deaths from cry; and (2) whether
Δ.	13 BIRTHPLACE OF MOTHER (State or country) FUE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF I ents, or Recent At place of death yrs. Where was disease coif not at place of death	mosda, In the	tals, Institutions, Trans-
15	(Address Gave Le Grace Filed 2/8 19230 L.F. Jander	Former or usual residence. 19 PLACE OF BUILDING TO BUILDING TO UNDERTAKER	RIAL OR REMOVAL	Tate of Burial. Tel. 7, 1930 ADDRESS, mt
	Registrar	Carid.	la speim	Noyae au
	If more blanks are needed, address State Registrar.	16 W. Saratoga St	Balto., Requesting V.	8. No. 1. Balli.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the disease causing Death, work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a whatever, write Nonc. business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persous enployed, as At school or At home. Care should be taken defluite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an worked on may form part of the second statement. (a) Foreman, (b) Antomobile factory. The material sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plantar, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Pyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbol's acid-probably suicide. train-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmns," "Old Age," "Shock," symptomatie), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary). In ds. Never report mere symptoms or terminal stated nulces important. Example: Measles use of "Tumor" for mulignant neoplasms); "Puerperal septicaemia." "Puerperal peritonitis," etc: "Dropsy," "Exhaustion," "Heart failure." "Haemoreausing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory inges, peritonarum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weaknes;" etc., when a definite disease rulsions." (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Measles; (merely (secoud-(disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

195(

WAR 7

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME ir-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH (Year)..... (Month)(Day)... I HEREBY CERTIFY. That I attended the deceased from and that death occurred on the date stated above, at . 30 Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a dcfinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocr," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, (b) Automobile factory. Locomotive engineer, The material Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Examples: Accidental drowning; Struck by railway traindiseases Chronic interstitial nephritis, American Medical Association.) Recommendations on statement of cause of death unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic etc. valvular heart Nomenclature of the The contributory disease;

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimeanura laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-Stationary fireman, etc. But in many (b)

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enhaustion," "Heart failure," "Haemorrhage, stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Never report mere symptoms or terminal condi-For via (name origin; "Cancer" is less definite; avoid or intercurrent) ENT DEATHS state MEANS OF INJULY Chronic Example: Measles (disease ," "Coma," "Convulsions, valvular heart etc. The contributory affection need not be Measles ; disease;

V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND 3
	County Tolcil	CERTIFICATE OF DEATH
	ENII-	Registration Dist. No. 92
	Village or City Olklow (No. M.	ward) (If death occurred in a hospital or institu-
	2FULL NAME Clarence	alexander steed of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White Write Write Willed	16 DATE OF DEATH Suly 6, 1986 (Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	Month) (Day) (Year)	that I last saw h Malive on 192 ,
	7 AGE L/L	and that death occurred on the date stated above, at 10 A an.
	43+ 9 9 Idayhrs.	The GAUSE OF DEATH * was as follows:
	yrs mos. ds. or min.?	Vrom prisonation -
	(a) Trade, profession or Jouse Painter	2 till the
6	(b) General nature of industry	The Charles Spiles
-	business, or establishment in which employed or (employer)	Tell group (Direction) yrs. 1 17000 ds.
	9 BIRTHPLACE	Contributory Secondary
	(State or country)	(Durstion)mosds.
	FATHER James P. alexander	(Signed)
	OF FATHER 2	192 (Address)
	(State or country) Pary law (State or countr	*State the Piscase Causing Death, or, in deaths from Violent Causes, Atthe (1) Means of Injury and (2) Whether Accidental, Suicidal or Hamilian.
	of MOTHER Claraf Sullware	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Manyland	At place of deathyrsmosds. In the Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	(Informant) albert alexander	Former or usual residence
	(Address) Elkton md	Elkton Catholic Cemeter July 2/ 193
	15 Filed poly 19 192 20 Fraut Store	20 UNDERTAKER SADDRESS Elitting 20
-		, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
4.1		

04001

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from laborer, fulness of various pursuits can be known. The quesgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, For many occupations a Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Cotton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material and children, not gainfully emsingle word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic etc. The contributory valvular heart Nomenclature Measles;

M.Y.	mat
AIA	ini C
	of
VRITE	B Every Item of
*	Every
6	8
	Z

V. S. No. 1

PLACE OF DEATH	\$137 STATE OF MARYLAND
County beck	CERTIFICATE OF DEATH
	Registration Dist. No. 95
Village or City Rising Sun(No.	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and
2FULL NAME margaret Ru	the alegander number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female White Single, Married, Single OR DIVORCED (Write the word)	16 DATE OF DEATH 4 /3, 1923 0 (Month) (Day) (Year)
S DATE OF BIRTH July 27th, 1929 (Nonth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1923 Ato 4 3, 1930, that I last saw Realize on 4 5, 1920,
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at
mos. ds. or min.?	Janes miles
(a) Trade, profession or particular kind of work	Billows Perlussia
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos ds.
9 BIRTHPLACE (State or country) many land	Contributory Secondary (Duration) yre
FATHER norman blyde alexande	(Signed) (Si
of FATHER C OF FATHER D OF FAT	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental Suicidal or Homicidal.
of MOTHER Helen Burkins	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of deathyrsmosds, Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant Porman Clyde dexander.	Former or usual residence
(Address) Rising Sun m.D.	Brobwew and, Spalla 1980
Filed Ceps 15- 1920 Many attacker strar	20 UNDERTAKER. J.E. Jyson: Resing Sun md,
Homer wants are moded, address tate Registrate	7, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precise specimeaning, etc. Womlaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal condiby Committee on Nomenclature of the " "Marasmus," "Old Age," "Shock, Chronic Carcinoma, Sarcoma, etc., of etc. The contributory valvular heart disease;

M. B.--Every Item of Int. mation should be carefully supplied. ACE should be stated EXACTED, PHYSI-CIAN'S should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD INLY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

>

PLACE OF DEATH County Cecil	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City North East (No	Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE (If LESS than I day hrs. or min.?) (a) Trade, profession or particular kind of work (b) General nature of industry	16 DATE OF DEATH Nov 15, 1930 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 13, 1230 to Nov 15, 1230 that I last saw herealive on Nov 15, 1230 and that death occurred on the date stated above, at 2457 m. The PANSE OF DEATH * was applicable.
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 1D NAME OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 MAIDEN NAME OF MOTHER (State or Country) 15 MAIDEN NAME OF MOTHER (State or Country) 16 MOTHER (State or Country)	(Signed)
(Informant) David W alwards (Address) hours East of MY KNOWLEDGE (Address) hours East My Filed///8/3C 192 Les U. Registrar If more b-anks are needed, address Ltate Kegistray	Former or usual residence

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 . yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it fulness of various pursuits can be known. whatever, write None. business, that fact may be indicated thus; Farmer (reor given:up on account of the DISEASE CAUSING DEATH, Housenaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a cn at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-," etc., For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the 6 The ques-Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Ccrebrospinul Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); fever. (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> tclanus) may be stated under the head of "contributory." "Exhaustion," "Heart ranney," "Old Age," "Shock," "Transition," "Marasmus," "Old Age," "Shock, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL scpticaemia," "PUERPERAL peritonitis," etc. "Inanition," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, Whooping cough; Chronic Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ses important. Example: Measles (disease Chronic valvular heart disease, etc. The contributory

data answered in detail, it will prevent further correspondence. data is essential and must be obtained before the certificate is permanently filed. Il this certificate is looked over thoroughly and all qu stions

V. S. No. 1

ż

H

PLACE OF DEATH	13685 STATE OF MARYLAND
County Cecil	CERTIFICATE OF DEATH
	Registration Dist. No. 96
Village or City U.S. Veterans Hospital, Perry Poi 2FULL NAME APPLEGET, Harold XO	.nt, Md. St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of otreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Single, married Wildowed. White Write the word)	No vember 2 , 19 30 s (Month) (Day) (Year)
October 7, 1893 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from October 15 19230. to November 2 , 1320. that I last saw h 1m alive on November 2 , 1930.
7 AGE If LESS than 1 dayhrs. ormin.	and that death occurred on the date stated above, at 11:55 Pem. The CAUSE OF DEATH * was as follows: 1. Tuberculosis, Pulmonary, chronic, advance
6 OCCUPATION (a) Trade, profession or Salesman	active, Type. C. 2. Spontane dus
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Cranbury, N. J.	Contributory Dementia Praecox, Paranoid Secondary (Durstion) Approximately 4 yrs (Durstion) Type.
10 NAME OF FATHER Sidney Q. Appleget	(Signed) E IESLIE Med. Officer in Charge M.D. Nov. 3 192 30 (Address) Perry Point, Md.
OF FATHER Cranbury, N. J.	*State the Liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIOEN NAME OF MOTHER Mary Dey	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Cranbury, N. J.	ients or Recent Residents) At place of death
(Informant) Hospital Records	Former or 918 Paterson Ave., E.Rutherford, usual residence
(Address) Perry Point, Md.	Undertaker: Oliver Bair, 1820 Chestnut St., Phile., Pa. Date of Burial Nov. 5, 1930.
Filed Mod 3 1920 Charles W- Moures	R. Hadison Mitchell Havre de Grace Md
If more bianks are needed, address State Registrat,	16-W. Saratoga St., Balto., Requesting of Seel

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it should be used only when needed. As examples: (a) cupation is very important, so that the relative healther," etc., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, worked on may form part of the second statement. For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopnéumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "IIaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Whooping cough; American Medical Association "Atrophy," "Collapse," "Coma," "Convulsions, Committee on Chronic valvular heart disease; etc. The contributory Nomenclature of the not be

If this certificate is looked one oboroughly and all questions answered in detail, it was prevent burner correspondence. All the data is essential and price be obtained before the certificate is permanently fled.

861 CT 101

V. S. No. 1

PLACE OF DEATH County Cecil	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 9/
Village or City Chisafred Coly No.	St.: Ward) Orhativ (If death occurred ling hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male U SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to
TAGE Stellborn If LESS than I day hrs hrs or min.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yre mos de
9 BIRTHPLACE (State or country) (State or country) Out of the state o	Contributory Secondary (Duration)yrs
10 NAME OF FATHER Harry Amea tim	(Signed) CD Don , M. D.
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Mary Maukin 13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
(State of Country) Salacia 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death?
(Informant) (+) How (Address) Ches afrester City, Ud	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Latter Community Sept. 12.
Filed Lyl. 17 1930 B. Haward Braunn Registrar	2. W. Pipin Chloren

if more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm loborer, Laborer-Coal minc, etc. (b) Colton mill; (a) Salesman. without more precise specification as Doy For persons who have no occupation (b) Automobile foctory. The material 6) Grocery;

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature of the Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, 10 ds. Never report mere symptoms or terminal condiuse of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railwoy train can be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular heart disease; Always qualify all

n .	14.850
PLACE OF ,DEATH	STATE OF MARYLAND
County Cock	CERTIFICATE OF DEATH 93
noan 1 . 1/.01	Registration Dist. No.
Village or City Taer All (No	St: Ward) a (If death occurred in a hospital or institu-
2FULL NAME Welliam	J. Amstrong tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Whele Single, MARRIED, WHO WHO WILL OF THE MARRIED, WHO WILL OF THE MARRIED, WHILL OF THE MARRIED, WHO	16 DATE OF DEATH DEC. 24, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the peccased from
(Month) (Day) (Year)	that I last saw h 192 miles on 124, 192
7 AGE If LESS than	and that death occurred on the date stated above, at
53 yrs. 10 mos. 12 ds. or min.?	The CAUSE OF DEATH * was as follows:
O OCCUPATION O A A	Thank entrangles
(a) Trade, profession of the particular kind of wat hing sales mon	
(b) General nature of industry business, or establishment in	Carto Delatation of
which employed or (employer)	(Dyration) yrs, mos. de.
9 BIRTHPLACE (State or country)	Contributory MA Secondary
110 NAME OF)	(Duration)ds.
FATHER Comprong	(Signed)
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in dighths from Violent Causes, state (1) Means of Injury and R. Whether Accidental, Suicidal or Hondellas.
12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant Mary D. Armshoug	Former or usual residence
(Address) Cheldo ma R	That's emetery De 27, 1930
15 Face 27 1920 Baux Frager	20 UNDERTAKER APPRESS Ind.
Registrar	16 W Santons St. Bulto Requisiting V S No. 1
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of r," etc., report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia, Bronchopneumonia ("Pneumonia," spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect) Statement of Cause of Death-Name, first, the DISto time and causation), using always the same accept-(the only definite synonym is "Epidemic cerebro"

> telanus) may be stated under the head of "contributory. approved by Committee on (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic affection need not be etc. The contributory valvular heart Nomenclature of the disease;

-Every item of its rmation should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORF JLY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Clevel	CERTIFICATE OF DEATH 93
Village or City Cels Meels (No	Registration Dist. No. 92
Village or City Col Mells (No	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Stephen 6 Ces	tion, give its NAME ir- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white Single, MARRIED WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH Melo 22, 1959	17 I HEREBY CERTIFY, That I attended the despated from
(Month) (Day) (Year)	that I last saw h hanalive on July 192 4
7 AGE If LESS than	and that death occurred on the date stated above, atm,
7/ yrs. // mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Retrieved	Of roway July
particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Qurstion) yrs. mos. de.
9 BIRTHPLACE (State or country) Delawal	Contributory Colling Magnetity
10 NAME OF John Deorge ash	(Signed) M. D.
OF FATHER	192 (Address) The True
(State or country) Velouvast 12 MAIDEN NAME 9	*State the Ciscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Ott	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos ds. State yrs mos ds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) + Howard ask	Former or usual residence.
(Address) Josep Diell, Med	Of chapel clareter july 24, 1930
Filed West 19280 Street House	1. V. Wemather Elken and
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise coal mine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons en-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-Chronic valvular heart disease; " "Coma," "Convulsions, affection need not be etc. The contributory

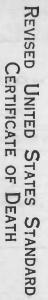
STATE OF MARYLAND CERTIFICATE OF DEATH

(90)	Registration I	Dist. No.
sensen	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICA	AL CERTIFICATE O	F DEATH
16 DATE OF DEATH	march	8 , 1930
***********************	· · · · · · · · · · · · · · · · · · ·	
1 UEDEDV		(Day) (Year) (Year) (Year)
A	1929 . to Mars	1 00
that I last saw h 57	alive on March	19 3 .0.,
and that death occurr	ed on the date stated	above, at 720 A m.
The CAUSE OF DEAT	H * was as follows:	
Organie	hearh dis	was

010.40.0040.048.0000.0000.0000.0000.0000		The second
	(Duration)	vrs. mos de.
Contributory		, , , , , , , , , , , , , , , , , , , ,
Secondary	***************************************	
	(Duration)	yrsmosds.
(Signed) BEL	ieu	M. D.
14	(Address) Rese	0 1
*State the I'is Violent Causes, sta Accidental, Suicidal o	sease Causing Death, tte (1) Means of Inj or Homicidal.	or, in deaths from ury and (2) Whether
16 LENGTH OF RES		als, Institutions, Trans-
At place of deathyrsme	In the State	yrsmosds.
Where was disease contra if not at place of death	acted,	
Former or usual residence	*******************************	
19 PLACE OF BURGAL	OR REMOVALONA	DATE OF BURIAL
Pose Bank	Cemetery !	Day /1, 1930
20 UNDERTAKER	0	ADDRESS 1
46.514	Gon;	Zesing dun tod

State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

ත්



(Approved by U. S. Census and American Public Health Association.)

household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more preuson receive a Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of For many occupations a single word or term on yrs). Compositor, For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, peritonaeum, etc., as fracture of skull, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condiresulting from childbirth or miscarriage " "Marasmus," "Old Age," "Shock," Chronic and consequences (e. g., sepsis, Carcinoma, Sarcoma, etc., of etc. valvular heart disease; The contributory Measles;

No ace of Death	13689 STATE OF MARYLAND
PLACE OF DEATH	
County Cells	CERTIFICATE OF DEATH
Y-1	Registration Dist. No. 40
Village or City Cultur (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2 FULL NAME Carral Meany	Soult stead of street and number.)
RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH
5 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
July 10, 1930	Och 23 1950 to Rov. 8 , 192
(Month) (Day) (Year)	that I last saw h us alive on 100 5 , 1920
7 AGE [If LESS than	and that death occurred on the date stated above, at 5 m.
3 29 1 day hrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	92
(a) Trade, profession or	Novemb preumone
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration)yrsmosds,
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
1 10 NAME OF	(Duration) Tree Traces de.
FATHER Edward Daget -	(Signed) Callettelle Too M. D.
O 11 BIRTHPLACE	197 (Address) Doth on in deaths from
CState or country) Earleville nud	*State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
E 12 MAIDEN NAMES L	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
of MOTHER Morg Muorg	ients or Recent Residents)
O MOTHER C (- 1) 4. A	At place of deathyrsmosds. In the Stateyrsmosds.
tate or Country) Colevelle Mid	Where was disease contracted, it not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant)	19-PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) (leallon and.	Carillar Quetery / 100 9 100
- B 1 P 2 Wal	20 UNDERTAKER ADDRESS
Filed 10V 1920 Registral	In to Cettage Casillare Ind
If more banks are needed, address tate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer Coul mine, etc. Wom-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Oceupation-Precise statement of ocwhatever; write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g. ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Houseklepsts who receive a definite salary), may be entered as Housewife, House en all home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foremen, (TMlaffager, 34Dea E. the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery, man, (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DISEASS (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopncumonia ("Pneumonia,"

can be ascertained as the cause. Always qualify and diseases resulting from childbirth or miscarriage as C"PUERPERALH TOWNER VALL" "BUERPERAL Perilonilis," etc. State gause for which surgical goeration was under taken. For your DEATHS state NEARNS OF INJURY Recommendations on statement of cause of death approved by Committee on Nomenclature of the and quality as labordental, suided are of homicidal, American Medical Association.) tetunits) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-Chronic valvular heart affection etc. The contributory need not be disease;

6. S. No. 1

PLACE OF DEATH County Recel	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 92
Village or City Elhton (No	St.: Ward) (If death occurred in a hospitul or institution, give its NAME in stead of street and
² FULL NAME Bau	stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Ochober /2, 150 8 (Nonth)—(Day)—(Year)
6 DATE OF BIRTH Ochober (2, 1930 (Month) (Day) (Year)	that I last saw h alive on October 14, 1920
7 AGE Abouts mos. ds or min.	The CAUSE OF DEATH * was as follows:
a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Prematul Br Dr (Duration) yrs. 3 m 10 ds
* which employed or (employer). **BIRTHPLACE (State or country) Cecil County, Md.	Contributory Secondary Durstion) yrs mes de
10 NAME OF FATHER James Bailey	(Signed) Just Haffmwalff Ni. B
OF FATHER (State or country) Maryland	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Lilian Poore	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recont Residents)
13 BIRTHPLACE OF MOTHER (State or country) Mayland	At place of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Informant) And Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DOLLAR ZO UPDELANDELLO ADDRESS
Filed Oct /6 1920 . Bank Baye Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

19297

20

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, played, us At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, whatever, write Name. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The Laborer-Coal mine, etc. (b) material Grocery;

Stateme of Cau e of Death—Name, first, the DISLASE CAU NO DELITY the punury affection with respect to time and exception, using always the same accepted term for the same discrete. Examples: Carebrox pinal fever (the same terminal explanation is a pidemic leave to spinal motion its. This has a word use of "Croup");
Typhoid leave in very ray of "Typhoid Pneumonia":

Lobar one with a Bronchopneumonia ("Pneumonia."

as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. American Medical Association. approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-.... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, Chronic valvular heart disease; nephritis, etc. The contributory Example: Measles (disease Always qualify all

Village or City LAME COUNTY (No.)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.) WIDOWED OR DIVORTALIE (Write the Color of	16 DATE OF DEATH (Month) (Day) (Year) 17 / I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	1929. to 1929. to 1923. that I last saw h Walive on 1923.
7 AGE 39 yrs. 3 mgs. / ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or Particular kind of work	(Interestoris
(b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs. mos ds.
OF FATHER (State or country)	(Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLAGE OF MOTHER (State or Country)	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs disease contracted,
(Informant) Athur Baker (Address) Length Line Bull.	Former or usual residence
File lug 2 Bo h. F. Sanders Registrar If more branks are needed, address State Registrar	20 INDEPTAKES ADDRESS OF THE PROPERTY OF THE

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day Stationary fireman, etc. But in many As examples: (a)(b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebruspinal fever** (the only definite synonym is *Epidemic ccrebrospinal meningitis"); *Diphtheria avoid use of *Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); *Lobar pneumonia, Bronchopneumonia** ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Puisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemiu," "PUERPERAL pertionitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mcrely symptom-Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably smeide. The n ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi or intercurrent) affection need not be Example: Measles (disease

--Every item of invermation should be carefully supplied. ACE should be stated EXACTLY, CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate. CORP PERMANENT BINDING WITH UNFADING INK--THIS IS A MARGIN RESERVED FOR WRITE

S. No. 1

00 ż

PHYSI-

PLACE OF DEATH County	04138 STATE OF MARYLAND CERTIFICATE OF DEATH
. / S within conformati	Registration Dist. No.
/illege or City Olslave (No	St.: Ward) (If death occurred im a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH CROWN OF VOE , 1920
Dec 4, 1845 (Month) (Day) (Year)	that I last saw here alive on the lattended the deceased from 1920. to 1980,
AGE If LESS than I day hrs. day hrs. or min.	and that death occurred on the date stated above, at
particular kind of work African	Cereleral demondrage.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
(State or country) **Restaurant of the country of	Contributory Secondary (Duration) Contributory de.
10 NAME OF FATHER GAME POORE	(Signed) M. D. (Signed) M. D. (Address) Elettric, and
11 BIRTHPLACE OF FATHER (State or country) Delaware	*State the lisease Causing Death, or, in deaths from Vielent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Po Information 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) No Information	At place of deathmosds. In the Stateyrsmosds.
(Informant) Mra. Wm Bonast	if not at place of dea.h? Former or usual residence
(Address) Elklon Md.	Elletona Genetics Color 1930
5 Filedon 10 1922 Faunt From	20 UNDERTAKER LODRESS H. W. Pikkin Elklon Man
If more banks are needed, address tate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

: (Approved by U.; S. Census and American Public Health Association.)

age. cupation is very important, so that the relative healthshould be used only when needed. additional line is provided for the latter statement; it sary to know: (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate, occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer Stationory freman, etc. But in many tion applies to each and every person, irrespective of Whatever, write None. business, that fact may we have no occupation who have no occupation Housemand, etc. If the occupation has been changed g ged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only Never return "Laborer," "Fomman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, first line will be sufficient, e.g., Farmer or Planter, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesmon. without more precise specification as (b) (not paid Housekeepers who receive a Automobile factory. The material Locomotive As examples: (a) 6 engineer, Grocery; Doy

Statement of Cause of Death—Name, first, the Dis-EALE (AUSING DEATH (the primary affection with respect to thine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferent (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typheid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Ezhaustion," "Heart fauure, maemormage, "Shock," "Shock," "Andrete Adenite Allegage atic), stated unless important. use of "Tumor" telanus) may be stated under the head of "contributory." "PUERPERAL septieaemia," "PUERPERAL peritonitis, "Uraemia," "Weakness, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent Deaths state means of injuny State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Coreinoma, Sareonia, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as " "Heart failure," "Haemorrhage, for malignant neoplasms); Chronie," etc., when a definite disease Example: Measles (disease "Senile," etc.), "Dropsy, etc. The contributory affection need not be valvular heart disease; Nomenclature Measles; etc. , 01

V. S. No. 1

	COR	EXAC rly clae
IDING	RMANENT	uid be stated nay be proper back of cert
D FOR BIN	HIS IS A PER	lied. ACE shows so that it is tructions or
MARGIN RESERVED FOR BINDING	WRITE I WAY, WITH UNFADING INK-THIS IS A PERMANENT COR	N. B.—Every item of information should be carefully supplied. ACE should be stated EXAC CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN	ITH UNFAD	SE OF DEAT
	UN'Y, W	f information d state CAU OCCUPATIO
	WRITE	Every item o CIANS shoul statement of
V. S. No. 1		×.

Village or City WALL AND 2FULL NAME	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the front) (Month) (Day) (Year)	16 DATE OF DEATH October (Month) 19 (Day) / 3 Ayear) 17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE Syrs. Mos. Sds. If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows: Churic Engreanditis
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	Contributory Chronic Medium Mos. ds. Contributory Chronic Medium Mos. ds. (Signed) Mos. ds. (Signed) Mos. ds. (Signed) Mos. ds. (Address) M. D. (Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Accidental, Suicidal of Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Address) (Address)	usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specimenary laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken whatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cromp"); Typhoid fever (never report "Typhoid Pneumonia");— Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

BURKAU

unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of stated unless important. use of "Tumor" for malignant neoplasms); accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(secondary (name origin; "Cancer" is less definite; avoid American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: Measles (disease Measles;

12325

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

9 4 /	St.: Ward) A hospital or institution, give its NAME instead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DECTHOLOGIC 18th, 1930
7	(Month) (Day) (Year) I HEREBY CERTIFY, That lattended the Receased from 1930. to (1930), that I last saw he alive on (1930),
	and that death occurred on the date stated above, at 7, m. The CAUSE OF DEATH * was as follows:
	Contributory Man Closure of Secondary
	(Signed), (Address) J. Magraw
	*State the Disease Causing Death, or The trains from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	At place of death
	Former or

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 MADERTAKER ADDRESS

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (70or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a especially in industrial employments, it is neceswithout more precise specification as Day single word or term on

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephrilis, etc. The contributory Example: Measles (disease

PLACE OF DEATH	67886 STATE OF MARYLAND
County Clail	CERTIFICATE OF DEATH
	Registration Dist, No.
Village or City n 197th last (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Seater O, B	edwell tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIPOWED, OR OLVORCED (White the strength	16 DATE OF DEATH July 12 , 19230
6 DATE OF BIRTH (Month) (Day) (Yes	
7 AGE If LESS to I day	hrs. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Broncho fine unionic
10 NAME OF FATHER HOWARD R Bedev	(Signed) J. J. Joneson M. D. M
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country).	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) mos Clua Bedwell (Address) weth East mal	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL 19 3 C
15 Filed 7-15-30 192 Registra	20 UNDERTAKER CODER'SS
If more banks are needed, address thate Regi	istrar, 16 W. Sara oga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state, occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Former or Planter, tion applies to cuch and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stotionary fireman, etc. But in many Physician, Compositor, Architect, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Cool mine, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEANE (108:NG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pieumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature of the "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart Lanux," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valutar heart disease; Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine dcfinitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY (secondary or intercurrent) affection need not be stated unless important. Example: Meosles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy train State cause for which surgical operation was under-(Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Careinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-'Congenital," "Senile," etc.), "Dropsy,",
"Heart failure," "Haemorrhage,"

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No. 1

Exact	PLACE OF DEATH County & CU	02809 STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City Quelton (No	Registration Dist. No. St.: Ward) (If death occurred in a hospital or institu-
certificate.	2 FULL NAME & FERSON D.	Bella tion, give its NAME Ir- stead of street and number.)
proper of certi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
be X	Juale Huit Single, Married, Midower OR DIVORCED (Write the word)	16 DATE OF DEATH Mar. 14, 1930. (Month) (Day) (Year)
on n	6 DATE OF BIRTH 8 29 , 1865	17 HEREBY CERTIFY, That I attended the deceased from 7 el. 2 1923 0 to Mar 4 19250,
that	(Month) (Day) (Year)	that I last saw have alive on 14, 1920
ms so that nstructions	7 AGE If LESS than I dayhrs. ormin.?	
See i	a) Trade, profession or particular kind of work	Myscaditio
in pl	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory (exite dilutation) Deep
impo	9 BIRTHPLACE (State or country) Paun -	Secondary (Duration)mosds.
CF D s very	10 NAME OF Emanuel Beltz	(Signed) M. D. Julium M. D. Julium M. D.
O N N	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
UPATI	12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
occu	OF MOTHER (State or Country) W.R. W.W.	At place of death
shoul ant of	(Informant) Managet Ella Sorin	Former or usual residence
CIANS sho	(Address) Dayrend Del	Carlton ametery non 17, 1930.
8 5	15 Filed 3/17 1930 / 6 Rman	John & Coppage Carilles Ina.
	If more banks are needed, address tate Kegistra	(16 W. Saratoga St., Edito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more province. Translaborer, Laborer—Coal mine, etc. Wom-laborer, Farm laborer, Laborer—to the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile fuctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 - yrs). nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g gcd in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Whooping cough; as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJURY Whooping cougn; chronic Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Cital	(13) Registration Dist. No.
Village or City Alar Carvill (No	St.: Ward) (If death occurred in a hospital ir institu- tion, give its NAME ir- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARKIED, WHOOWED, WHOOWED, Write the word) B DATE OF BIRTH	16 DATE OF DEATH (Ionth) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE (Month) (Day), 1930 (Year) (Year) If LESS than I dayhrs.	that I last saw h 2 alive on Sept 1920, to 1920,
yrs. mos. ds. or min.? (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed cr (employer)	Guster - Enteritor
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 DIRTHPLACE OF MOTHER 14 DIRTHPLACE OF MOTHER 15 DIRTHPLACE OF MOTHER 16 DIRTHPLACE OF MOTHER	(Signed)
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address)	of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LIMON Church burder ADDRESS

If more b.anke are needed, address State Registrar, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Jever return 'Laborer," "Foreman," "Mapager," 'Dealer," et ... without more precise specification as Day should be used only when needed. As examiles: " additional line is provided for the latter statement it sary to know (a the kind of work and also b the nature of the buliness or industry, and third rean cases, especially in inclustrial employments, it is neces-Civil engineer the first line will be sufficient, e.g.. I smer or Planter, tion applies to each and eve fulness of various pursuits can be known. The quesequation is very important, so that the relative health Statement of Occupation- Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Spinner, Physician, Compositor, to report specifically the occupations of persons enplaced, as At school, or At home. Care should be taken horschold only (not paid Housekeepers who receive a en at home, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed suite salary), may be entered as Housewife, House-For many occupations a single word or term on or At Home, and children, not gainfully Farm laborer, (b) Cotton mill; (a) Salesman who are engaged in the duties of the For persons who have no occupation Sectionary for new et Laborer-Coul mine, etc. Wom-Arch 'cet, permy, irrespective of Lacomotive But in many enginger, em-

Statement of Cau e of Denth—Name, first, the disease Causing disease of Denth—Name, first, the disease Causing disease accepted to time and causiton, the grave, at the same accepted term for the same of the sam

approved atic), "Atrophy." "Collapse." "Coma," "Convulsions," "Deblity" ("Congenital," "Senile," etc.), "Dropsy." "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock." "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease Chronie interstitial nephritis, use of "Tumor" for malignant neoplasms); Messles; tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary inges, peritonaeum, etc., Carcinoma, (Recommendations on statement of cause of death as fracture of skull, and consequences e g., se, si, telanus) may be stated under the head of "contributory" accident; Revolver wound of head-homicide; Poiso..ed by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOTHER A., State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilondis diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify causing Whooping cough; Chronie valvular heart disease; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) carbolic acid-probably swicide. The nature of the injury, taken. FOR VIOLENT DEATHS state MEANS OF INJUTY Examples: Accidental drowning; Struck by railway train— (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondar) νg or intercurrent) affection need Committee on etc. The contributory Nomenclature Sarcoma,, etc., of of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent turther correspondence. The data is essential and must be obtained before the cortificate is permanently filed.

11

PHYSI-

20

ż

PLACE OF DEATH	01519 STATE OF MARYLAND
County Le cil	CERTIFICATE OF DEATH
80 wt	Registration Dist. No.
Village or City Willow (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nale white Single. Married. Married. Wildweb. OR DIVORCEO (Write the word)	16 DATE OF DEATH FEb 27, 1930
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw har alive on 5th 26, 190,
7 AGE 7 8 yrs. 10 mos. 2 ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or retired particular kind of work	
(State or country)	(Duration) yrs mos dec
10 NAME OF Thomas M. Biddle 11 BIRTHPLACE	(Signed) (Address) Selvin W.D.
OF FATHER (State or country) Wang land	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIOEN NAME OF MOTHER Collison 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Lary Laux	At place of deathmosds. In the Statemosds. Where was disease contracted,
(Informant) Ham Biddle	if not at place of dea.h?
(Address) (Address)	Elkton Cerretery Mch 2, 1930
15 Filed Mich 1 19230 & Frues Frage Registral	20 UN DERTAKER H. W. Pippine Elkton 24
If more blanks are needed, address State Kagistra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

loborer, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Plonter, fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from grade in domestic service for wagos, as Scrvant, Cook, Househaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Paysician, Compositor, Architect, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH. business, that fact may be indicated thus; Former (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile foctory. The materia For many occupations a single word or term on Farm laborer, Loborer-Coul mine, etc. Wom-(b) Collon mill; (a) Solesmon, without more precise specification as Doy Stationary firemon, etc. But in many Locomolive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASER AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles, (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease (seeondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valvulor heart disease; etc. The contributory affection need not be Nomenclature of the

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

0

PLACE OF DEATH County Cecil	06598	STATE OF M	OF DEATH
Village or City horth East (No	idale	Registration D	(If death accounted in
PERSONAL AND STATISTICAL PARTICULARS	MEDIO	CAL CERTIFICATE O	F DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	June 2	21 , 19:30 (Day) (Year)
(Month) (Day) (Year)	1 /	Y CERTIFY, That hatte	
7 AGE If LESS than 1 day 6 hrs. ormin.?	The CAUSE OF DEA	arred on the date stated at TH * was as follows:	above, at 10 A m.
a OCCUPATION (a) Trade, profession or particular kind of work	evite C	neusisi	of brain
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory	(Duration)	yrs,ds.
9 BIRTHPLACE (State or country)	Secondary	Duration	
10 NAME OF FATHER Hazel Biddle	(Signed)	C/JCu	East field
OF FATHER (State or country)	*State the Violent Causes,	Viscase Causing Death, state (1) Means of Inj I or Homicidal.	or, in deaths from ury and (2) Whether
of Mother larges Shippond		ESIDENCE (For Hospit	
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs	mosds, In the	yrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of de	a.h?	
(Informant) Clydu Sheppand (Address) north Easy mal	19 PLACE OF BURI	AL OR REMOVAL	DATE OF BURIAL
15 Filed 6-21-30 192 Seo U. Occussos Registras	20 UNDERTAKER	of Shang	south Carre
If more blanks are needed, addres thate Registral	W. Sarayoga St.	, Balto., Requesting V. 5	, 110. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons en-Physician, Compositor, Architect, Locomotive engineer, " etc., For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrostinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." "Inanition," "Marasmus,
> "Iraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inamition," "Marasmus," "Old Age," "Shock," stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less dcfinite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) earbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (Recommendations on statement of cause of death "Atrophy," "Collapse, Never report mere symptoms or terminal condi-," "Coma," "Convulsions,

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE

M

ż

1PLACE OF DEATH	STATE OF MARYLAND
County Oecel	CERTIFICATE OF DEATH
Elkton, rud.	Registration Dist. No. 92
Village or City To Alsapense (No. Ly Muso	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH // /2 , 1924
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Morth (Day) (Year)	that I last saw h slive on 1/2 /2 , 192
7 AGE Prema tene If LESS than I day hrs. yrs. 1 mos do. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
yrs. mos. da. or min.?	0 - 4- 0 71
(a) Trade, profession or particular kind of work	Thurstill mills
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs 2705 ds.
9 BIRTHPLACE (State or country) Maryland,	Contributory Secondary
FATHER DEWARD Bugge	(Signed) (Signed) M. D.
OF FATHER (State or country) Cecil Country Ma	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Serting Woodall	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
1/min / Bina	Former or usual residence
(Informant) + Oward (n) (Address) Knler in The House	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL No. 1930
15 Filed Por 10 1990 - Banks Dayer Registral	26 UNDERTAKER ADDRESS
	C. D. D. W. C. J. J.

(Approved by U. S. Census ɛnd American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or l'lanter, tion applies to e.ch and every person, irrespective c fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Colton mill; (a) Salesman. definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Housemaid, etc. " etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," (secondar or intercurrent) affection need not be st.ted unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions," peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	WITH	
	AIMLY,	
No. 1	WRITE	
>		

11 1	14851-
PLACE OF DEATH	STATE OF MARYLAND
County SLEDA	CERTIFICATE OF DEATH
6	Registration Dist. No. 92
Village or City Olk (No. (No.	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2FULL NAME Dury 10	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
mole white Single, Married, Widowed. OR DIVORCED (Write the word)	18 DATE OF DEATH 22. / 4
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
, 1	1920 to 1 (1) 192 A,
(Month) (Day) (Year	that I last saw h the on 1 1920,
7 AGE	rs. The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work	\$ Jallon :
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Mary Lauk.	Contributory Secondary
10 NAME OF FATHER Opin Bird	(Signed)
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Juilly Relieve of Jamil	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Mory loud	ients or Recent Residents) At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of deah?
(Informant) Osein Bird	Former or usual residence
(Address) Elston, Ind. 1925	blessy fell Ceculine , 19
File File 17 1920 Frank Frager Registrar	20 UN DERTAKER DE CONTRACTOR D
If more branks are needed, addre.s Ltate Regist	ear, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housevile, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as (Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

- CO

PLACE OF DEATH	04139 STATE OF MARYLAND
County Carel	(3) CERTIFICATE OF DEATH
Elkton , Md.	Registration Dist. No. 92
Village or City assistant (No. Mr. Within corporate limits	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Audo Widowed. Audo Widowed. OR DIVORCED (Write the werd)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h after on a full 13-, 193. d.,
yrsds. If LESS than dayhrs. ords. ormin.}	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Gelmabut firely-
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs 2/2/nos ds.
9 BIRTHPLACE (State or country) Ellib ruf.	Contributory Secondary Difftion) yis mos de
10 NAME OF greeth Place	(Signed) Javot Alpromial M. D.
OF FATHER 7 (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER marguet Blashson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Principle . Mill	At place of deethyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not et place of dee.h?
(Informant) Marquel Blackson	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) northeast	1 (pril 23, 193)
15 File Marif 77 1929 / Marif Jrayer	20 Office Contract
If more banks are needed, addres State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tired 6 yrs). state occupation at beginning of illness. If retired from laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner. (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. eupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nane. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed as At school, or At home. Care should be taken Foreman, For many occupations a Farm laborer, Laborer-Coal mine, etc. Wom-At Home, and children, without more precise specification as Day For persons (b) Automobile factory. The material who have no occupation single word or term on not gainfully em-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fuer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The nature of the injury, "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report incre symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

z

HYSI-Exact

PLACE OF DEATH	STATE OF MARYLAND
County Ceail	CERTIFICATE OF DEATH
County Class	Registration Dist. No. 0
Village or City Near Cecillon (No.	St.: Ward) (If death occurred in a hospital or institu-
Village or City (No.	a hespital or institu- tion, give its NAME ire- stend of street and
2FULL NAME John Stone	ley Planchfield stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH Del 16 1030
male white WIDDWED OR DIVORCED (Write the word)	(Month)——(Day)——(Year)—
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
July 21, 9	30
(Zonth) (Day) (Ye	that I last saw h alive on O 1970.
7 AGE [IfLESS	than and that death occurred on the date stated above, atm.
I day	
yrs. 2 mos. 2 5 ds. or	min.?
OCCUPATION (a) I rade, profession or	or from assure of
particular kind of work	fram orale (Congerila)
(b) General nature of industry business, or establishment in	(Duration) yrs mos da.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Ceril 6 2001.	Secondary
(State or country) Ceel 6. Wel.	(Duration) yrsmosde.
1 10 NAME OF 12 1 Ham Bland	(Signed) Alterbert Water M. D.
FATHER Game Mos. Monch	1916 1920 (Address) Elicon
OF FATHER 24	*State the Discase Causing Peath, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
C (State or Country)	Accidental, Suicidal or Homicidal.
of MOTHER Margaret a Green	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place
OF MOTHER MAI	of deathyrsmosds.
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
1 Am of Blowchfield	Former or usual residence
(Informant) Law 1. Blower 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Cecillon Ted	Carlot Constan Och 17, 1980
(Address)	20 UNDERTAKER, ADDRESS
15 Filed OC 17 1930 / O / Cerwa	to the state of Sollan Ma
Regist	
If mote branks are needed, address State Re	gistrat, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1930 ...

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from whatever, write None. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scream, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken honsehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grovery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a additional line is provided for the latter statement; it sary to know fulness of various pursuits can be known. The ques-Never return 'Laborer," "Foreman," "Manager." "Dealworked on may form part of the second statement nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g.. Harn or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-For many occupations a single word or term on Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy Compositor, For persons who have no occupation Stationary fireman, etc. But in many (1) the kind of work and also (b) the Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DYS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease, E.: amples: *Crebrospinal* fever* (the only definite synonym is "Epidemic cerebrosylval meningitis"); *Diphtheria* (avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia";

5

as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory". "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease stated unless important. Example: Meosles (disease (Recommendations on statement of cause of death carbolic acid-probably sucide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PJERPERAL seplicaemia," "PUBRPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all approved by Committee on Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) inges, perilonaeum, etc., Carcinoma, American Medical Association.) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Whooping unqualified, is indefinite); Tuberculosis of lunge, men-..... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS. State MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic affection need not valvular heart etc. The contributory Nomenclature Sarcomo,, disease; Mcosles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. At the data is essential and must be obtained before the cartificate is permanently filed.

PLACE OF DEATH	0321
	STATE OF MARYLAND
County	© CERTIFICATE OF DEATH
CIII & WITHIN CORP.	Registration Dist. No.
Village or City (No.	St.: Ward) (If death occurred in a hospital or institu-
2ELILL MARKE	tion, give its NAME in-
2FULL NAME January	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
June 6 6 8 30	Jul 6 1925. to Jun 6 , 1930.
(Month) (Day) (Year)	that I last saw h la alive on Jan 16 , 193 a.,
7 AGE Prevatal If LESS than	and that death occurred on the date stated above, at figures, m.
yrsds. ormin.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION	Press, a land
(a) Trade, profession or particular kind of work	Birch
(b) General nature of industry business, or establishment in	op; Lillied Cools
which employed or (employer)	This was a stillbirth (Durstion) yrs. 5 mos. do.
9 BIRTHPLACE (State or country)	Contributory Secondary
I 10 NAME OF	(Daration) yrs mos ds.
FATHER Luchum	(Signed) M, D,
O II BIRTHPLACE OF FATHER	192 (Address) Tentre
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Income Blanchfield	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	of deathyrsds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) They Blumbfield	Former or usual residence
1900 to	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	. When , 19
Filed GL-/C 1920 Mars Megistrar	2D UNDERTOKER ADDRESS
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons endefinite salary), may be entered as Houscwife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery, man, (b) Automobile factory. The materia For persons who have no occupation

Streement of Cause of Death—Name, first, the DISEALS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mcrely symptom-Whooping cough; Chronic Chronic interstilial nephritis, (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME in-stead of street and properly clar number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OF RACE 16 DATE OF DEATH 3 SEX MARRIED WIDOWE OR DIVOR (Write the BINDING pino may 6 DATE OF BIRTH that CE (Month) (Day) C OH IIf LESS than and that death occurred on the date stated above, at 7 AGE 0 l day hrs. uppiled RVE OCCUPATION (a) Trade, profession or particular kind of work pia (b) General nature of industry business, or establishment in which employed or (employer) Contributory Cal Secondary MARGIN 9 BIRTHPLACE (State or country) be EA 10 NAME OF DO (Signed) shoul FATHER 11 BIRTHPLACE *State the Disease Causing Death, or, in OF FATHER SO Violent Causes, state (1) Means of Injury and (2) Whether AU TIO (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAM C Ö 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, TransoccuP/ ients or Recent Residents) 13 BIRTHPLÁCE In the At place of death, OF MOTHER ...yrs......ds. (State or Country) Where was disease contracted, of if not at place of death?... KNOWLEDGE of shoul Every item CIANS sho usual residence (Informant DATE OF BURIA BLACE OF BURIAL 20 UNDERTAKER ADDRESS If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise special minc, etc. Wom-laborer, Form loborer, Loborer—Coal minc, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (o) Solcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) whatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a For many occupations a single word or term on But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal, fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

> Recommendations on statement of cause of death approved by Committee on Non-American Medical Association.) stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbalic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicoemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by roilwoy trointions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperilonoeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH RECORD certificate be stated be proper ck of certi PERSONAL AND STATISTICAL PERMANENT S SINGLE, MARRIED, MA WIDOWED. OR DIVORCED 3 SEX 4 COLOR OR RACE BINDING terms so that it may be ee instructions on back pinous Write the word) 6 DATE OF BIRTH FOR (Month) (Year) 7 AGE If LESS than I day hrs. RESERVED (a) Trade, profession or particular kind of work Id be carefully s DEATH in plain (b) General nature of industry important. business, or establishment in UNFADING which employed or (employer) MARGIN (state or country Should ENT OF MOTHER 13 BIRTHPLACE statement of OCCU OF MOTHER Every Item of CIANS should 15 Registra If mora bianks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

05416 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hespitul or institu-tion, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH MOY 9, 1930 (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
that I last saw hemalive on May 9 1930.
and that death occured on the date stated above, at 8 2 m
The CAUSE OF DEATH * was as follows: Cerebral Lewonbage
(Duration) yrs mos 7 ds Contributory Arlain Sclassin
(Signed) (Signed) (Address) Ellon and
*State the Discase Causing Peath, or, in deaths from Violent Causs, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Racent Residents)
At place of death yrs mos ds. State yrs da. ds.
Where was disease contracted, if not at place of death?
Former or usual residence
Sharps centry . May 12, 193
20 UNDERTAKER ADDRESS
H. W. Fiffin Elkton mi

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation household only (not paid Househeepers who receive a Spinner, (b) Cotton mill; (a) Salesman. (b) Covery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return 'Laborer,'" (Foreman," "Manager," 'Dealshould be used only when needed. As examples : (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer ar Planter, Physician, Compositor, Architect, Locamotive engineer, fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Hauseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stelionary freman, etc. tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-For many occupations a single word or term on 01 especially in industrial employments, it is neces-At Home, and children, not gainfully emwithout more precise specification as Day Laborer-Coal mine, etc. Wom-But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Labar pneumania. Bronchopmeumonia ("Pneumonia";

"('Exhaustion,') "Heart lanue, "Old Age,') "Shock," "(Inanition,') "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage "Puerperal septicacnia," "Puerperal peritonitis," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, perilonacum, etc., Curcinoma, tions, such as "Asthenia," "Anaemia" (inerely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chranic interstitial nephritis, use of "Tumor" for malignant neoplasus; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "eontributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably smeride. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. (secondary or intercurrent) Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway train-..... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Corna," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJUNY cough; Chronic etc. affection need valvular heart disease; Nomenclature Always qualify all The contributory Sarcoma,, etc., of Mensles ; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

County	Cecil	# * * 0 * * 0 * 0 * 0 * 0 * 0 * 0 * 0 *				
illage or Ci	ty U.S.	Weteran	3* H	00p1t	al, P	erry
2 F	ULL NAME	BOI	O.SKY	, Mar	tin	XC-1
PERSO	DNAL AND	STATIST	ICAL I	PARTIC	CULAR	s
male male	4 COLOR	OR RACE	WID	RIED, OWED. DIVORCES the wo	ED	ried
DATE OF B	IRTH					
	N0000000000000000000000000000000000000	Fe brus	***********	24 (Day)	, 1.	892 (Year)
AGE						SS than
		. 10	mos	5	ds. or	min.?
occupatio (a) Trade, 1	N profession or				ds. or	min.?
(a) Trade, particular k	N			oal m	ds. or	min.?
(a) Trade, properticular karage (b) General business, or	orofession or ind of work nature of in establishmen	dustry	C		ds. or	min.?
(a) Trade, particular k (b) General	or of ession or ind of work, nature of in establishmen byed or (emp	dustry	C		ds. or	min.?
(a) Trade, particular k (b) General business, or which emple	or of ession or ind of work, nature of in establishmen oped or (emplement)	dustry it in loyer)	C		ds. or	min.?
(a) Trade, particular k (b) General business, or which emplo (State or c) 10 NAME FATHEL	or of ession or ind of work, nature of in establishmen byed or (emplement) OF	dustry it in loyer)	c od ph B	osl m	ds. or	min.?
(a) Trade, particular k particular k (b) General business, or which emple BIRTHPLAC (State or c 10 NAME FATHEI 11 BIRTHF OF FAT (State 12 MAIDE 0F MO	or of ession or ind of work nature of in establishmen oped or (emplement) OF R PLACE HER or country)	dustry tt in loyer) Pola:	c mi	osl m	ds. or	min.?
(a) Trade, particular k (b) General business, or which emple BIRTHPLAC (State or c 10 NAME FATHE 11 BIRTHF OF FAT (State 12 MAIDE OF MO 13 BIRTH OF MO	or of ession or ind of work, nature of in establishmen byed or (emp.) OF R PLACE THER or country) IN NAME THER	dustry tt in loyer) Polar Jose Polar	cond ph B	osl m	ds. or	min.?
(a) Trade, particular k (b) General business, or which emple BIRTHPLAC (State or c 10 NAME FATHE 11 BIRTHF OF FAT (State 12 MAIDE OF MO 13 BIRTH OF MO	or of ession or ind of work, nature of in establishmen byed or (emp.) OF R PLACE THER or country) IN NAME THER THER THER THER TO COUNTRY)	dustry at in loyer) Polar Jose Polar Unkr	od ph B	oel m	ds. or	min.?
(a) Trade, particular k (b) General business, or which emploises of the control o	or of the country) OF R PLACE THER Or country) IN NAME THER PLACE THER OR COUNTRY) E IS TRUE TO	dustry at in loyer) Polar Jose Polar Unkr	com B	or o ak	ds. or	min.)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

14853

var is (If death occurred in

NAME BOROSKY, Martin XC-1	tion, give its NAME in
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
white S SINGLE, MARRIED, WIDOWED. OR DIVORCED (Writs ths word)	De cember 29 , 19250 (Month) (Day) (Year)
February 24 , 1892 (Year) (Month) (Day) (Year) (If LESS than 1 day hrs. or min.)	If HEREBY CERTIFY, That I attended the deceased from April 18 1930 to December 29, 19230 that I last sew him elive on December 29 19230 and that death occurred on the date stated above, at 6:10 Pe m The CAUSE OF DEATH * was as follows: General Paralysis of the Insane
ry) Coal miner Coal miner Coal miner Coal miner Coal miner Coal miner	Approximately (Durstion) yrs. 8 mos. de Contributory Secondary (Durstion) yrs. mos. de
Joseph Borosky Poland puntry)	(Signew. A. ELLISON, Acting Med. Officer in the Dec. 30 192 30 (Address) Perry Point, Max *State the Disease Causing Death, or, in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether
OE Poland Muntry) TRUE TO THE BEST OF MY KNOWLEDGE	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutione, Transients or Recent Residente) At place of death yrs. 8 mos. 11ds. In the State Unknown ds Where was disease contracted, if not at place of death?
Hospital Records Perry Point, Md. 1/20192-Charles of Registration	Former or usual residence R. F. D. #3, Irwin, Pa. 19 PLACE OF BURIAL OR REMOVAL J. W. McCauley, Undertaker, West Newton, Pa. 20 UNDERTAKER R. MADISON MITCHELL, Havre de Grace, Md.
	, 16 W. Satatola St., Ballo, Hodeles I. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emfulness of various pursuits can be known. The queser," etc., without more precise approximately etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, worked on may form part of the second statement. For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inantition," "Marasmus," "Old Age," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(clanus) may be stated under the head of "contributory. as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

V. S. No. 1

N. B.

PHYSI-

PLACE OF DEATH	STATE OF MARYLAND
County Cecil	CERTIFICATE OF DEATH
County	H-a
	Registration Dist. No.
Village or City north East O. D. (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME is
2FULL NAME Paul H Bour	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	le 16 DATE OF DEATH Offil 13, 1430 (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I aftended the deceased from
Dec 1 , 19:	25 that I las saw halive on
7 AGE IIILESS	
l day	. 11
5 yrs. 4 mos. 12 ds. or 1	
B OCCUPATION	Toban I seemen
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in	(Duration) yis. mos. ds.
which employed or (employer)	Contributory Milliam
9 BIRTHPLACE (State or country)	Secondary
md	(Duration) yrsds.
FATHER O.C. OO.: ** R	(Signed) M. D.
11 BIRTHPLACE	(Address) w Gust Mil
OF FATHER	*State the I is use Causing Death, or, in deaths from
Z (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Spicidal or Homicidal.
of MOTHER OF AND S. ROOMAN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place of death At place of death State
(State or Country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) William K. Bouchell	Former or usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Forth East RD#1	Boulden Chapel Cemetry apor 16, 19 30
	20 UNDERTAKER APDRESS
Filed 4 - 15-30 192 Registr	as a ser of the shoot
to the land of the Alberta Maria	gistrar, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

04140

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. ," etc., Foreman, For many occupations a especially in industrial employments, it is neces-Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DESEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of it mation should be carefully supplied. ACE should be stated EXACTET, PHYSICIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD NLY, WITH UNFADING INK--THIS IS A PERMANENT RESERVED FOR BINDING MARGIN WRITE S. No. 1 N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Earl	CERTIFICATE OF DEATH
0 01-	Registration Dist. No. 90
Village or City Collow (No.	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME Willeam H, Bo	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Pailt Single, Markied, Markied, Moskied Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
5 , 1862	1920. to HJ 1980,
(Month) (Day) (Year)	that I last saw h alive on 1920,
7 AGE If LESS than 1 day hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
67 yrs. // mos. / (3 ds. or min.?	
a OCCUPATION (a) Trade, profession or A Horre	Myrcarditis
(b) General nature of industry business, or establishment in	I detail.
which employed or (employer)	(Duration) Tree mos de.
9 BIRTHPLACE (State or country Gail Co, Md.	Contributory Secondary (Duration) yrs. mos. .ds.
10 NAME OF Jambesh D. Boulder	(Signed) M. D. + L. 1920 (Address) Sulling Will
OF FATHER (State or country Reel Co, Jud.	*State the lisase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	of deathmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of doa.h?
	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Mrs. Hilda B. Gifford	Bethel cemeling 2/20/. 1930
Filed 192 Rising thek, Md.	2D UNDERTAKER ADDRESS O LAND
Registrat	ofw or offage crew co. Du.
If more banks are needed, address tate Kegistra	r, 16 W. Saratoga St., Setto., Squesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs). Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g gcd in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (0) Civil engineer, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a Physician, Compositor, Architect, report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesmon, without more precise specification as Day For persons who have no occupation Stationary firemon, etc. But in many Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DISEACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"('Exhaustion,') "Heart Lauw, "Old Age, " "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

200

PLACE OF DEATH	04141 STATE OF MARYLAND
County	CERTIFICATE OF DEATH
	Registration Dist. No. 7
Village or City LNYVILL (No.	St.: Ward) Output Ou
2 FULL NAME ARRIVE	Toyd stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEI) OR DIVORCED (Write the word)	Month) (Day), 1930
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
Oct. 12.88	that I last saw h , alive on 17.00 27, 1930
(Month) (Day) (Year)	and that death occurred on the date stated above, at A
If LESS the	The CAUSE OF DEATH S was as follows:
	1 1 2 1 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2
8 OCCUPATION (a) Trade, profession or	Oldema.
particular kind of work	Dente Myocarditis
(b) General nature of industry business, or establishment in	(Duration) yre mos de
which employed or (employer)	- Contributory / Teoperatory tailur
(State or country)	Secondary
10 NAME OF	(Duration) Tre. moe. de
FATHER John Willson	(Signed) Wall Affect All Affects All Affec
11 BIRTHFLACE OF VATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether
12 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal, 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
18 BIRTHPLACE	ients, or Recent Residents)
OF MOTHER (State or country)	At place of death yrs mos da. State, yrs mos da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informany W. C. Boyd.	Former or usual residence
(Address Buryshille, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 4/29 1920 L Danders	20 ANDERTAKER ADDRESS
Registrar	Lela. allerson Jerryerle

T more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requestles V. S

No.

(Approved by U. S. (Yensus and American Public Health Association.)

Whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing beath, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as Al school or Al home. Care should be taken definite salary). may be entered as Housewife, House household only (not paid Housekeepers who receive a on at home, who are engaged in the duties of the laborer, Farm laborer, Laborerworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mitt; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-(a) Foreman, (b) Automobile factory. Civil engineer, Stationary firemen, etc. But in many Physician. Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursnits can be known. eupation is very important, so that the relative health-Statement of Occupation Precise statement of ocetc., For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. The material The ques-Wom-

Stacement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhorid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

"inqualified, is indefinite); Tuberculosis of Jungs, men head of "contributory." (R commendations on state-ment of cause of death approved by Committee quences (e. g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably sa cide. use of "Tunier" for malignant neoplasms : Nomenclature of the American Medical As actation.) ture of the injury. train-accident; Revolver wound of hear-nomicide; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or taken. For violent buates state minns of injury State cause for which surgical operation was under-"PUERPERAL seplicacmia.""PUERPERAL peritonitis," diseases resulting from childbirth or mis arriage as can be ascertained as the caure. Always qualify all "Uraemia," "Weekness." etc. when a definite disease rhage," "Inauition." "Marnsmus," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart failure." symptomatic). "Atrophy," "Coll.psc," condition: such as "Asthenia." ary), 10 ds. Never report mere symptoms of eausing death), 29 ds.; Bronchopheunicaie Examples: vulsions," stated unless important. Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need Whooping cough; "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Shuck by railway as fracture of skull and conse-Chronic valvular heart Example: Mensl 8 "Ansemia" "Coma, "Hacmor-The naterminal Meastes; (second-(disease discuse; (merely not be "Conetc.

If this certificate is looked over theroughly and all questious answered in denit, it will prevent further correspondence that the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH County Cecl	01521 STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City Mr. Resurg (No	Registration Dist. No. 15 St.: Ward) a hospital or institute
certificate.	2 FULL NAME Elija Sykio 16	St.: Ward) a hospital or institution, give its NAME isstead of street and number.)
Sert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
back of c	Temale White Single, MARRIED, Moloved (Write the word)	16 DATE OF DEATH 2 /3, 1980 (Month) (Day) (Year)
no	6 DATE OF BIRTH 4 23 , 1853	17 I HEREBY CERTIFY, That I attended the deceased from 1930 to 2 - 13 ,1930
uctions	(Month) (Day) (Year) 7 AGE	and that death occurred on the date stated above, at
nstruc	76 yrs. 9 mos. 22ds. or min.?	The CAUSE OF DEATH * was a Follows:
See	8 OCCUPATION (a) Trade, profession or particular kind of work Belised	Cerebral 1
rtant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrs,mosds.
impo	9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) The second seco
s very	10 NAME OF FATHER LEVE SYKER	(Signed) MD. 2 - 15 193 QAddress Clean Sun Modern
N 0	OF FATHER (State or country)	*State the Disease Causing Death, on in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAT	of MOTHER Catherine Wallace	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OCCO	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
ent	(Informant) & M Doyel -	usual residence
statement	(Address) Risisteg Dun Ma	Hopewell Cem Fleta 17, 1930
00	Filed \$5 6 67 19138 thur of m Registrar	Mie James Laylor Rising Sun
1	James If more branks are needed, added tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all Whooping cough; (Recommendations on statement of cause of death FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; nephrilis, etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	02810 STATE OF MARYLAND
County 2	CERTIFICATE OF DEATH Registration Dist. No. 95
Village or City Resum Sum (No.R1	St.: Ward) (If death occurred
2FULL NAME Torunelle	Book Boyd tion, give its NAME stead of street a number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March // , 1930 (Month) (Day) (Year).
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Oct 8, 186	1 fair 28 1900. to , 192
(Month) (Day) (Year) 7 AGE Month Graph If LESS the lady he or min fraction he or min h	and that death occurred on the date stated above, at 3 3. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or	Prostatilis
particular kind of work (b) General nature of industry	Tout foron how Long.
business, or establishment in	(Duration)yrsmos
which employed or (employer)	Contributory Dout Kurn
9 BIRTHPLACE (State or country)	Secondary
I 10 NAME OF	
	- OB Blisse
FATHER James of Bound.	(Signed) & Blue M.
FATHER OF FATHER (State or country) (State or country)	(Signed) B Blue M. 3/2 19B (Address) Resure Sure Maths from
FATHER II BIRTHPLACE OF FATHER (State or country) II 2 MAIDEN NAME OF MOTHER OTHER OF MOTHER OTHER OT	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra
FATHER II BIRTHPLACE OF FATHER (State or country) I 2 MAIDEN NAME OF MOTHER I3 BIRTHPLACE TO STATE OF MOTHER TO STATE TO STATE OF MOTHER TO STATE TO STAT	(Signed) B B Case M. 193 (Address) Results M. *State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients or Recent Residents)
FATHER THE BONNES A BONNES, THE BIRTHPLACE OF FATHER (State or country) Could be to the country of the count	(Signed) B Control M. 1939 (Address) Restriction of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients or Recent Residents) At place of death yrs mos ds.
FATHER II BIRTHPLACE OF FATHER (State or country) II MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed) B Classe M. 19B (Address) Results Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients or Recent Residents) At place of death yrs mos ds State yrs mos Where was disease contracted, if not at place of death?
FATHER II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed). B Black 19B (Address) Results *State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients or Recent Residents) At place In the State yrs. mos. ds. State yrs. mos.
FATHER II BIRTHPLACE OF FATHER (State or country) II MAIDEN NAME OF MOTHER OF MOTHER (State or Country) Cecil OF MOTHER (State or Country) Cecil OF MOTHER (State or Country)	(Signed). 1930 (Address) *State the Pisease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients or Recent Residents) At place of death yrs

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specimens. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ORD PERMANENT BINDING A FOR IS WITH UNFADING INK--THIS RESERVED MARGIN WRITE

V. S. No. 1

m ż

PLACE OF DEATH	16286 STATE OF MARYLAND
County Letter	CERTIFICATE OF DEATH
	Registration Dist. No. 76
Village or City Styl Styl (No.	St.: Ward) (If death occurred In
Vinage of St.	St.: Ward) (If death occurred In a hospital or institution, give its NAME insteed of street end
2FULL NAME / SABELLE	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH SILL 1903
Cellan an In III WIDOWED. OR DIVORGED ASTOCIA	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
aliri 28 1859	1900. to 1920
(Month) (Day) (Year)	that I lest saw he alive on the first and 1920,
7 AGE	
yrs. 4 mos. 10 ds. or min.	
8 OCCUPATION	Heavilo Millery
(a) Trade, profession or particular kind of work	-
General nature of industry business, or establishment in	(Durstion) yrs. mos ds.
which employed or (employer)	Contributory Langues Canal
9 BIRTHPLACE (State or country)	Secondary tiss (Durstion) yrs mos 2 ds.
10 NAME OF	(Signed) A MAGNUW M. D.
FATHER HENRY Mulliones	MATTS 1981) (Address) Oferryville
OF FATHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	Accidental, Durchas of Landston
of MOTHER Margaret McMul	SEPENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds.
(State or Country)	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	f not at place of death?
(Informant) frankle Og	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) en lour our tilled	Hohemell Cow. Self 16,180
15 9/15 /30 9 Handers 1	20 SNDERTAKER ADDRESS
Filed Registrar	Lee a latterson Terrefulle
If more bianks are needed, address State Registre	ar, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as μay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of stated unless important. approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Measles ;

RECEIVED answered in detail, it will prevent further correspondence. data is essential and must be obtained before the certificate is permanently filed If this certificate is looked over thoroughly and all questions

S. No. 1

N.B.

Cour	PLACE OF DEATH	04142 STATE OF MARYLAND CERTIFICATE OF DEATH
	10 -	(3) Registration Dist. No. 90
Village	or City Occusion (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
P	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 4 13 , 1930
-	of BIRTH Jet 5 , 1883	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE	(Month) (Day) (Year) If LESS than I dayhrs ormin.;	and that death occurred on the date stated above, at
particu (b) Ge busine which	rade, profession or classification or ular kind of work eneral nature of industry ess, or establishment in a employed or (employer). HPLACE ate or country) Many Loud	Contributory Secondary (Duration) (Duration)
0 11 E	NAME OF FATHER BIRTHPLACE OF FATHER (State or country) MAIDEN NAME OF MOTHER BIRTHPLACE OF MOTHER (State or Country) MOUY LEWIS MOUY LEWIS (State or Country)	(Signed)
	Registral	Former or usual residence

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthstate. occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Solesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term, for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; Chronic Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need Chronic valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	02811 STATE OF MARYLAND
County CCC	CERTIFICATE OF DEATH
A SKAD fruit	Registration Dist. No. 18
Village or City////////////////////////////////////	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME KOKENT Hayles.	Boylulo tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Maych 9, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day), 1928 (Year)	17 M I HEREBY CERTIFY, That I attended the deceased from March 4 1930 to March 9, 1930 that I lest saw h I Wally on March 9 1930
7 AGE IfLESS than	and that death occurred on the date stated above, at
/ 2) m 1 day hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.? 8 OCCUPATION (a) Trade, profession or	Lobor Ponemore
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) yrs, mos 6 ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Counsylvama	Secondary Secondary Steel Most de
10 NAME OF Marys Boynes.	(Signed) O A BO (Address) Pur Hefrall. un
OF FATHER (State or country)	*State the Disease Causing Death, or, on deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Slavake Hortshory	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted, if not et plece of dea.h?
(Informant) Charles. Brighto.	Former or usual residence
(Address forthely got Med.	Weatha Cross, Sancoster March/2, 1930
15 Filed 3/12/ 1930 LH Souler Registrar	20 UNDERTAKER PATTERSON PERSONALLE
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewije, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as the laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. For many occupations a single word or term on Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all atic), "Atrophy." "Collapse, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic ," "Coma," "Convulsions, etc. The contributory valvular heart Nomenclature of the disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County CLU	CERTIFICATE OF DEATH
Rymorema	Registration Dist. No. 7
Village or City (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in
2 FULL NAME Howard 4 Braa	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH While 5, 1854	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	thet I last sew h alive on 1920.
	and that deth occurred on the date stated above, at 4.50 m. The CAUSE OF DEATH */was as follows:
76 yrs. 2 mos. S ds. or min.?	abroluy
B OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosds,
9 BIRTHPLACE (State or country) Pennsylvanie &	Contributory Secondary (Duration) yrs
10 NAME OF FATHER CMMOR Bradle	(Signed) J B Strue M. D.
M 11 BIRTHPLACE OF FATHER	1920 (Address)
Z (State or country) emsilvania	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Puth House	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of death yrs mos. ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted, of not et place of dea.h?
(Informant) adaline Bradley	Former or usual residence
(Address) Colora ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DIA AMERICA POLICY 11, 1930
15	20 UN DERTAKER ADDRESS
Filed 7 - 8 1970 Registrar	J. E. Tyson. Rising oun m
If more bianks are weeded, address tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. V.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quesdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved American Medical Association.) Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condiby Committee on Chronic affection need not be etc. valvular heart Nomenclature of the The contributory Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

100-at

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

hesapeakeno. City Kh	St.: Ward) (If death occurred in a hospital or institu-
NAME Helen Bre	tion, give its NAME is stead of street and number.)
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
Sec // , 1929 (Month) (Day) (Year)	that I lest sew half alive on 2-4-30, 192,
yrs. / mos. 24 ds.	and that death occurred on the date stated above, at
ssion or f work	Buchapueumonea
re of industry lishment in or (employer)	(Duration) yrs. mos 2 de.
"manyland	Secondery (Signed) Secondery (Durstion) yrs
untry) Peru	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Katie mykytim	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
entry) Poland	At place of deathyrsmosds.
rue to the Best of MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h? Former or usual residence.
, Chesafeake City mid Rd.	St Rose Catholic Carrier 7 by 6, 1930
1930 B. Housed Brown Registras	20 UNDERTAKER 7 ADDRÉSS Elkton Int
If more blanks are needed, address State Kegistrar	, 16 W. Seratoga St., Balto., Requesting V. S. I.o. 1.

No. 1 σž

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re-tured 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more previous control laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write None. g ged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, Housemuid, etc. If the occupation has been changed worked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman., (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Stationary fireman, etc. But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal inchinguis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping cough; 'American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (c. g., sepsis, Examples: Accidental drowning; Struck by reilway trainor as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic "Senile," etc.), "Dropsy, etc. The contributory valvular heart disease; affection need not be Nomenclature of the

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	05417 STATE OF MARYLAND
County Cecil	CERTIFICATE OF DEATH
	Hos Sital Registration Dist. No. 92
Village or City (No. (No.	St.: Ward) (If death occurred im a hospitat or institu-
2FULL NAME Sara agues	Fristow tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF PEATH
Jessal White Single, MARRIED. Who or DIVORCED (Write the word)	16 DATE OF DEATH 192 (Month) (Day) (Year)
6 DATE OF BIRTH Jan 25 1882	17 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h A alive on They 192 do
7 AGE If LESS than	and that douth occurred on the date stated above, at
48 yrs. 3 mos. 6 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION -1	Elines, Mulles Hick
(a) Trade, profession or Vousewfe	·
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion) yrs. mos. del
9 BIRTHPLACE (State or country) May low	Contributory Secondary (Dusation) yrs
FATHER na. Van Buskirk	(Signed) M. D.
OF FATHER (State or country)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Juste & Kellen	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
of MOTHER (State or Country) State or Country)	At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Wilmer Bustow	Former or usual residence
(Address) Cheropeoke City	Bethel Cemetry hay 4, 1930
15 Filed May 3 1920 Ja Dents Trans	H Whithin Elklow W
	r, 16 W. Szratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queslaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 state occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife; Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Physician, Compositor, Architect, whatever, write None. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation (b) Colton mill; (a) Salesman. without more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal lever fithe only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (name report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Enhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, taken. FOR VIOLENT DEATHS state MEANS OF INJURY Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid "Congenital," "Senile," etc.), "Dropsy,"," "Heart failure," "Haemorrhage," Chronic valvulur heart disease, etc. The contributory Poisoned by Measles;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE

m

ż

	1PLACE OF DEATH	02112 STATE OF	
	County Classification of the Country C	CERTIFICATI	E OF DEATH
	s Elkton s	(161-62) Registration	Dist. No. 94 92
Vil	lage or City Alle roffiele No.	ward Ward	(If death occurred in a hospital or institu- tion, give its NAME is- stead of street and
	2FULL NAME	notors	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 5	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH All 2 (Month)	(Day) (Year)
6 [DATE OF BIRTH	17 I HEREBY GERTIFY, That I at	
	(Month) (Day) (Year)	that I last saw h Walive on 7	6 2 ref, 192 d
7 /	If LESS than I day hrs.	and that death occurred on the date state. The CAUSE OF DEATH * was as follows:	d above, at 71.36 m.
8.0	yrsds. orhin.?	12-0 : 1-0	p: ff
100	a) Trade, profession orarticular kind of work	1 Sumarue	- Day As
6	b) General nature of industry usiness, or establishment in which employed or (employer)	(Duration)	yrs5mosds.
	(State or country) Gluton will	Contributory Secondary	ure none de
	10 NAME OF John Briston	(Signed) Jason Marson	muly M.D.
ENTS	OF FATHER (State or country)	*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from njury and (2) Whether
PAR	OF MOTHER China Bollingh	18 LENGTH OF RESIDENCE (For Hospi	
	OF MOTHER TO Sustristown well (State or Country)	At place of desthyrsmosds. In the	tede.
14	THE ABOVE IS THUE TO THE BEST OF MYEKNOWLEDGE	Where was disease contracted, if not at place of death?	
	(Informant) Anna Briston	Former or usual residence	
	(Address) alles faile de	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	Filed Sel: 10 1930 B. Hawarf Braun	20 UNDERTAKER	ADDRESS
=			

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octhe first line will be sufficient, e. g., Farmer or Planter, tion amplies to each and every person, irrespective of Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Foreman, (b) Automobile factory. The material for many occupations a single word or term on yrs). For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondary tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as or intercurrent) affection need not be Example: Measles (disease

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE WITH UNFADING INK--IHIS IS A LENGTHEST THY PHYSI-N. B.--Every tem of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1

PLACE OF DEATH	16287 STATE OF MARYLAND
County Ollle	(13) CERTIFICATE OF DEATH
80 8000	Registration Dist. No.
Village or City (No	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Mildred.	tion, give its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the decased from
november 14 1929	
(Month) (Day) (Year)	that I last saw han aliva on Seld . 29 , 19236
7 AGE If LESS than	and that death occurred on the data stated above, at 5.200 m.
yrs. 10 mos. \ ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Harrford and enteritio
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Election. Md.	Contributory Secondary (Durstion) yrs
10 NAME OF Saylor Brown	(Signed) V. H. Mc) M. D.
OF FATHER Z (State or country) Coel Co. Tol.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER TO 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah?
as Day Con Physical	Former or usual residence
(Address) Elleton Wed	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL POR 2, 1930
15 Filed Oct 1 1920 J. Banks Bayes	20 UNDERTAKER ADDRESS ADDRESS MAN
	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-Compositor, Architect, Locomolive engineer, For persons who have no occupation (b) Automobile factory. The material Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroginal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-Can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) causing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol tetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-Whooping cough; (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as Chronic valvular heart disease; of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	(16599) STATE OF MARTLAND
County CC	CERTIFICATE OF DEATH
	Registration Dist. No. 96
An XIII has	
Village or City TO Name Of Control of City	St: Ward) (If death occurred in a hospital or institution, give its NAME in-
112.1	tion, give its NAME in-
2FULL NAME LANG	aground stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX A COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
WIDOWED OR DIVORCED	June - 19, 1950
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
MMO -19 430	, 192 , to , , 192 , ,
(Month) (Day) (Year)	that I last saw h / Malive on Lune 19, 123 9
7 AGE Stell Buth If LESS than I day hrs.	and that death occurred on the date stated above, at
	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	ATTILL EGANTLES
(a) Trade, profession or	/3 ccc 100000
particular kind of work	
(b) General nature of industry business, or establishment in	(Innece time 17/2 mis).
which employed or (employer)	Je Marshin Joseph de.
9 BIRTHPLACE D-+ 16 Y 7.	Contributory Secondary
(State or country)	Marian) was de
I 10 NAME OF	and Marian Della
FATHER Commett Grown	(Signed) M. D.
11 BIRTHPI ACE	1920 (Address) JUNE
01	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
Z (State or country) MANUA.	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER ATTOM HAVE Attentive	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a Not very very	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the State, yrs. mos. ds. State, yrs. mos. ds.
(State or Country) Popomocluty Med	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea h?
1 . 1 m. 711.06	Former or
(Informant) & My 14e Mulling	usual residence
(And 10 late to last	19 BURGE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) COVV Office	04 (unises) 1, 1930
15 1 17 11	20 UNDERTAKER ADDRESS
Filed June / 9 1930 L. J. Handles. Registrar	trather fort Depoil
	16 W Sanatora St. Bulto, Requesting V. S. No. 1.
If more blanks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

00 700

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary), may he entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (veor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Salesman. (b) Grocery; Locomolive engineer,

Streement of Cause of Death—Name, first, the Dis-EARE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener' (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mcrely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, Examples: Aecidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No.

N. B.

1PLACE OF DEATH	04143 STATE OF	MARYLAND
County Cecil	(3) CERTIFICATE	
- 22 1	Registration	Dist. No. 92
Village or City Elator (No. 12) 2FULL NAME Not recene	ed Brown	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
2 SEX 2 4 COLOR OR RACE 5 SINGLE, MARRIED, Single WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Offil	/7 , 1936
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I att	ended the deceased from
april 17, 1930	april 17 1930 to af	ul [/, 190]0,
(Month) (Day) (Year) 7 AGE [If LESS than	that I last saw halive on	, 192,
O yrs. O mos. O ds. or O min.?	and that death occurred on the date stated The CAUSE OF DEATH * was as follows: Premateure by	ith at
8 OCCUPATION (a) Trade, profession or Plone particular kind of work	about 2 mes	77 - 2
(b) General nature of industry business, or establishment in	(Durstion)	
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Puration)	vrs mos de
10 NAME OF Restus & Brown	(Signed) / Mon	Cion M. D.
OF FATHER (State or country) Maryland	*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from jury and (2) Whether
of MOTHER Levelegennings	18 LENGTH OF RESIDENCE (For Hospi	
13 BIRTHPLACE OF MOTHER (State or Country) Mausland	At place In the of death yrsds.	e
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	20000000000000000000000000000000000000
(Informant) Mrs Restus Brown	Former or usual residence	200 00 00 00 00 00 00 00 00 00 00 00 00
(Address) Ellston Md	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15 Filed Gard 19 1900 4 Smult frager	20 INDERT MOGRE (A)	ADDRESS

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken hou ehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Form laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons enfirst line will be sufficient, e.g., Farmer or Plonter, For many occupations a single word or term on without more precise specification as Doy Stationary fireman, etc. But in many Locomotive engineer,

Streement of Cause of Death—Name, first, the DISEACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilleria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as American Medical Association.) (Recommendations on statement of cause of .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every item of intermation should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORF MILY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

S. No. 1 5.

DEACE OF DEATH	01523 STATE OF MARYLAND CERTIFICATE OF DEATH
Polylon Milano	Registration Dist. No.
Village or City (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME MUS Longe 18	Sarah 6 tion, give its NAME in- stead of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH SELS 25 4, 1830
6 DATE OF BIRTH	(Month) (Day) (Year)
Let 12 1882	40 77 13000 306 75 19134
(Month) (Day) (Year)	that I last saw har alive on, 192,
7 AGE [If LESS than	
48 yrs. 0 mos. 13 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Meldure Maria
(a) Trade, profession or Housewill particular kind of work	
(b) General nature of industry	
Abusiness, or establishment in which employed or (employer)	(Duration) yre. mos de,
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos ds,
10 NAME OF FATHER OF JUNE TOTAL	(Signed) St. M. D.
M 11 BIRTHPLACE	HOS S BO (Address) DUDIESS 10 P
C (State or country)	*State the lis ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Laral Avracer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos ds. State yrs ds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wss disease contracted, if not at place of doa.h?
CP 1	Former or usual residence
(Informant) See Odruce	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Elletin Mid	Moth East Country Mar 1, 1980
15 Filed Feb 25 1920 J. Bunk Frager	20 UNDERTAKER ADDRESS ADDRESS Mercan RY
Registras	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
if more blanks are needed, addre.s State Registral	r, to its Satatoga Step Patron Nedansemig ** S

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coat many laborer, Farm laborer, Haborer the duties of the at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Pinysician, report specifically the occupations of persons en-For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> 2 as fracture of skull, and consequences (e.g., scpsis tetapus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles; Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, or intercurrent) affection need not be Chronic ," "Coma," "Convulsions, etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WITH UNFADING INK--THIS IS A PERMANENT BINDING FOR RESERVED MARGIN WRITE

V. S. No. 1

N. B.

/	LACE OF DEATH		13689	STATE OF A	
Count	Din md.		91-2)	Registration I	0
Village	2FULL NAME augustus		Prunsieli	St.: Ward)	(If death occurred is a hospital or institution, give its NAME is stead of street an number.)
PE	ERSONAL AND STATISTICAL PARTIC	ULARS	MEDIC	AL CERTIFICATE O	OF DEATH
Max 6 DATE	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCE (Write the wor	L, 1836	1 /. / - 4	CERTIFY, That I att	
7 AGE	94 yrs. 14 moa. 18 c	If LESS than I day hrs. or min.?	and that death occu	rred on the date stated TH * was as follows:	
busines	neral nature of industry			(D)	
busines which 9 BIRTH (Sta	PLACE pe or country) Princefus Md	1	Contributory Secondary	(Duration)	
busines which BIRTH (Sta 10 N F. 11 8 C. L. L. L. L. L. L. L. L. L.	PLACE Le or country) PATHER State or country)	field	Contributory Secondary (Signed) B		yrs. mos. M.
busines which BIRTH (Sta 10 N F. 11 8 O L Z BY 12 N C 13 E	PLACE Le or country) PAME OF William Bruin RATHER Philliam Bruin RETHPLACE FATHER PRINCESS RETHPLACE FATHER RETHPLACE FATHER	field y land mes med	Contributory Secondary (Signed)	(Address) Augustion) (Address) Augustion Disease Causing Death, tate (1) Means of Information	or, in deaths from jury and (2) Whether

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tircd 6 yrs). or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Coak, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many (b) Grocery,

Statement of Cause of Death—Name, first, the DIMERSE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted them for the same disease. Examples: Cerebros page fever (the only definite synonym is "Epidemic cerebros spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as as >(Recommendations on statement of cause of approved by Committee on Nomenclature of the American Medical Association.) carbolic acid-probably suicide. The n ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septioucmia," "PUERPERAL peritonitis," etc. "(Tranition," "Heart mure, machiner, "Tranition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Meastes; telatus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumonia (secondary), (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-Whooping cough; Examples: Accidental drowning; Struck by railway trainfracture of skull, and consequences (e g., sepsis, "Atrophy," "Collapse," "Coma," .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi Chronic Example: Measles (disease valvular heart disease; etc. The contributory " "Convulsions,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V S. No. 1

X	PHYSI-
ECORY	ed EXACITY, perly classifie rtificate.
WRITE TAINLY, WITH UNFADING INKTHIS IS A PERMANENT ECORY	N. BEvery Item of It rmation should be carefully supplied. ACE should be stated EXACILY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact etatement of OCCUPATION is very important. See instructions on back of certificate.
S IS A F	ed. ACE see that
INKTHI	illy supplied also the second
NFADING	be carefu EATH in p
WITH UN	AUSE CF I
LAINLY,	d state c
WRITE	ANS shoul
(-	N. BIEV

PLACE OF DEATH County Cecil	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 92
Village or City Union Noy (No. Clk Williams (No. Clk 2FULL NAME Duckalen)	ton, md. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED. (Write the word)	16 DATE OF DEATH 22, 193 0 (Month) (Day) (Year)
B DATE OF BIRTH No Performation, 1928 (Month) (Day) (Year)	17 1 HEREBY CERTIFY, That I attended the deceased from 1930 to 22, 1930
(Month) (Day) (Year) 7 AGE If LESS than dayhrs. or	and that death occurred on the date stated above, at 530 cm. The CAUSE OF DEATH I was as allows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Epidemic/o Center. (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributory Secondary (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the I lesse Causing Peath, fr. in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	18 LINGTH OF RISIDENCE (For Hospitals, Institutions, Iransients or Recent Residents) At place of deathyrsmos
(Informant) Woshital Resaid.	Where was disease contracted, it not at place of dea h? Former or usual residence
(Address) Flating Male	Wesley Cheepel benetury July 23, 1920. 20 UNDERTAKER
Filed Muya 192 30 15 15 16 11 11 Registral	H. W. Poppin Elklin Md, , 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. definite salary), may be entered as Housewife, Houseer," etc., without more present of the laborer, Farm laborer, Laborer—Coul minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to e.ch and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Automobile factory. The material Grocery;

Statement of Cause of Dcath—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur preumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," st.ted unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indcfinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJU. . (name origin; "Cancer" is less definite; avoid by Committee on Chronic etc. The contributory valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORY LY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

PLACE OF DEATH	1232% STATE OF MARYLAND				
County Cael	CERTIFICATE OF DEATH				
near of 1 , of 1 B.	Registration Dist. No. 9/				
Village or City hesakeake Cong Ro 1_ 2FULL NAME Samuel	Bushworth (If death occurred In a hospital or institution, give its NAME instead of street and number.)				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
Male White Single, MARKED. WIDOWED!	16 DATE OF DEATH Oct. 1930 (Month) (Day) (Year)				
6 DATE OF BIRTH Oct. 1951 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw half alter on 1930,				
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 8.30 A.m. The CAUSE OF DEATH * was as follows:				
occupation (a) Trade, profession of etered January particular kind of work etered January	Chronic mitral				
(b) General nature of industry business, or establishment in which employed or (employer)	Contributor Secondary				
10 NAME OF FATHER ONLES Buckworth	(Signed)M. D.				
ST 11 BIRTHPLACE OF FATHER (State or country) 12 MAJOEN NAME	*State the Disease Causing Death, or deaths from Violent Causes tat (1) Means of Injury and (2) Whether Accidental, Succidental of Propicides.				
OF MOTHER abeth Orr 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.				
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?				
(Informant) & harles Buckevorth (Address) Middlelowon, DEL	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OCT 4, 1930				
Filed Oct. 4 1980 B. Haward Beauen Registrar	20 UNDERTAKER H. W. Pifpin Elkton Ml				
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.					

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Collon mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. household only (not paid Housekeepers who receive a er," etc., cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation If the occupation has been changed (b) material Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) approved by (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertlonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; Committee on Nomenclature of the Chronic etc. The contributory valvular Always qualify all heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.

	04144
PLACE OF DEATH	STATE OF MARYLAND
County County	CERTIFICATE OF DEATH
00.00	Registration Dist. No. 92
Village or City (No. / No. / Br	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 22 - , 192, 0
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
april 22- 1831	afrif 22 1920. to frif 2 2 24, 192, 0.
(Month) (Day) (Year)	that I last saw h 1 stive on afril 12 , 1930
7 AGE Breweline If LESS than I day hrs.	and that death eccurred on the date stated above, at 7 m. The CAUSE OF DEATH * was as follows:
B OCCUPATIONde. ormin.?	Premature B- 21
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) yrs, 2 mos ds,
which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Groups Bullock	(Signed). (Signed). M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Tala Tube Simples	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Country, rug	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Tela Bulloch	Former or usual residence
11/1 2000	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 24 ft aug	Al Mary 22, 130
15 Filed 45-128 1930 Jank Raza	20 NN GERTAKEROO
If more banks are needed, addres State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvont, Cook definite salary, may be entered as Housewife, House er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reployed. as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only mot paid Housekeepers who receive a loborer, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs .. Farm laborer; (b) Cotton mill; (a) Solesmon. (b) without more precise specification as Day For persons who have no occupation (b) Automobile Laborerfoctory. The materia. -Coal mine, etc. Grocery,

Streement of Cause of Death—Name, first, the DISEASE (108:NG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fover (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," stated unless important. inges, peritonaeum, etc., Carcinona, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Exhaustion," tions, such as "Asthenia," "Anaemia" (mcrcly symptom. causing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJUNY cough; Committee on Nomenclature ngenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Chronic valvular heart disease; Example: Mcasles (disease ," "Coma," "Convulsions, etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

		1PLACE OF DEATH 1	14853
6	PHYSI-	County Cecil	(HT)
	XACTLY, classified	Village or City Stotowno. 2FULL NAME Indianna m B	wk
	NT stated E properly of certific	PERSONAL AND STATISTICAL PARTICULARS	MEDICA
	Zodo	Lemay Color of Race 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH
	ER ON	6 DATE OF BIRTH May & . 1877	17 I HEREBY O
	THIS IS A PE upplied. ACE sh terms so that it	7 AGE (Month) (Day) (Year)	that I last saw h EV
	KVED (THIS supplied in terms so See instru	38 yrsds. ormin.?	The CAUSE OF DEATH
i	× w Ew	a) Trade, profession or House Under particular kind of work (b) General nature of industry usiness, or establishment in	
	FADING IN be carefully EATH In pial	which employed or (employer)	Contributory Secondary
	TH UNF should be is very i	10 NAME OF FATHER WASHINGTON	(Signed) Her
	ation short	OF FATHER (State or country) 12 MAIDEN NAME	*State the Dise Violent Causes, stat Accidental, Suicidal or
	ormate UPA	of MOTHER 13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESI lents or Recent Resi- At place
		(State or Country)	of deathyrsmos Where was disease contractif not at place of death?
	0 0 111	(Informant) Hally Sund	Former or usual residence
	WRITI Every Item CIANS SHI Statement	(Address) Wow	19 PLACE OF BURIAL
-	m O o	15 (ba) 1 1/1/1/19	20 UNDERTAKER

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

St.: Ward)

(If death occurred in a hospital or Institu-tion, give Its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH							
16 DATE OF	DEATH		De	e	4	, 18	30
***************************************			(Mont				
	HEREBY 1						
that I last sa	w h EV	alive	on	200	ح	4	192.0.
and that dea	th occurr	ed on t	he date	stated a	bove, at	110	Am.
The Cause	·			9 /-	res		
***************			(Duration	1)	_yrs	mos.,	de.
Contribut Seconda	ry		.(Durstio	n)	.Vr8	mos	da,
(Signed) (Her 120	CAddre	XB	rek	lon	7	M. D.
*State Violent C	the Dis	ease (te (1)	Causing Means	Death.	or, in	deaths	from
18 LENGTH lents or R			E (For	Hospita	le, Inst	itution	, Trans-

In the State yrs mos....ds. cted,

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm tavorer, converged in the duties of the en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g.. Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement " etc., or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) tclanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, "" "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease etc. The contributory Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	(1414:) STATE OF MARYLAND			
County	CERTIFICATE OF DEATH			
G 0 1. 1.	Registration Dist. No. 92			
Village or City (No	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and			
2FULL NAME VVV	number.)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
4 COLOR OR RACE 5 SINGLE, MARRIED, Widowes or DIVORCED (Write the word)	(Month) (Day) (Year)			
6 DATE OF BIRTH Oct 27, 1858	17 I HEREBY CERTIFY, That I attanded the deceased from			
(Month) (Day) (Year) 7 AGE [If LESS than	that I last saw h 10 alive on 3, 1930,			
7/ yrs. 5 mos. 8 ds. or min.?	and that death occurred on the date stated above, at			
B OCCUPATION (a) Trade, profession or particular kind of work	maliny the well			
(b) General nature of industry business, or establishment in	(Duration) yrs. mos ds.			
9 BIRTHPLACE (State or country)	Contributory Secondary Caster Enlevel			
ID NAME OF Theodore Spaham.	(Signed) (Duration) yrs mos des.			
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF THE COUNTRY OF THE C	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
of MOTHER Classification of Coldwell,	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place			
(State or Country) Maryland,	of death yrs mos de State yrs mod de Where was disease contracted,			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence When her hard here har			
(Address) Lifetty Lyw Ind.	West Nottingham ma Jul 7 1980			
Filed april 6 1920 Assessed Brages Registrar	LE. Tyson, Resing Sun Med			
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 4.				

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Streement of Cause of Death—Name, first, the DIS-EACT CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; American Medical Association.) (Recommendations on statement of cause of taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Committee on Nomenclature of the Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH		0.0000	STATE OF	MARYLAND
County Cell		00000	CERTIFICATE	OF DEATH
near 11	0	183)	Registration	Dist. No. 92
Village or City Wars	bick (No. Dogo	1. Burn	St:Ward	(If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
PERSONAL AND STAT	TISTICAL PARTICULARS	MEDI	CAL CERTIFICATE	OF DEATH,
3 SEX 4 COLOR OR R YOUR BRITH 6 DATE OF BIRTH	MARRIED, WIDSWED, OR DIVORGED LE (White the World)	100	(Month) Y CERTIFY, That I att	(Day) (Year) tended the deceased from
7 AGE 30 yrs.	mos. ds. or liftes	S than and that death occuments. The CAUSE OF DEA	urred on the date stated	d above, at // 45 /m.
BOCCUPATION (a) Trade, profession or particular kind of work	Raborer	June 2) El	- Shot	wound
business, or establishment in which employed or (employer).		Probably acci	dental (Duration)	yrsds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER	la.	Contributory Secondary	Opration)	Freen M. B.
O U II BIRTHPLACE OF FATHER (State of country)	Va		CAddress) Olisease Causing Death, state (1) Means of Ir	or, in deaths from ajury and (2) Whether
OF MOTHER OF MOTHER OF MOTHER (State or Country)	Va.	At place of death yrs	Residents) In the .mosds. Sta	itals, Institutions, Trans- e teyrsds,
14 THE ABOVE IS TRUE TO THE	BUTTUSS	Where was disease cot if not at place of de Former or usual residence	a.h?	DATE OF BURNI
(Address) Med (Address) 1920	Detown D	20 UNDERTAKER	the Field	Jun 9, 1931 ADDRESS Elkton My
If more biank	s are needed, address State Re	gistrar, 16 W. Saratoga St.,	, Balto., Requesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from nature of the business or industry, and therefore an Civil engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-Stationary freman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condietc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very importing. See instructions on back of certificate. LY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE V. S. No. 1

PLACE OF DEATH County Death Nearl P.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Ising Differ 2FULL NAME Hassel /	St.: Ward) Burton (if death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White SINGLE, MARRIED, Lingle WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH NOV. / PZ , 1936
DATE OF BIRTH Oug 2, 1899 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw ham alies on 192
AGE 36 yrs. 2 mos. 29 ds. or min.?	and that death occurred on the date stated above, at 5.30 Pm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Cevolver wounds
which employed or (employer)	Contributory Secondary (Durstion) (Signed)
(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Information of My Modelle (Address) Colors And I	Where was disease contracted, if not at place of dea.h? Former or usual residence
Filed Nov. 4 1986 Registrar If more blanks are needed, address tate Registrar	20 UN DERTAKER ADDRESS ADDRE
10 mus reservat 1/2 4-19 30	

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); .,.... (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	05418 STATE OF MARYLAND
County	CERTIFICATE OF DEATH
Village or City Elktow (No. 1200) 2FULL NAME John Frank	Registration Dist. No. St.: Ward) (If death occurred a hospital or institution, give its NAME stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Juste White (Write the word)	16 DATE OF DEATH May 2, 1923. (Month) (Day) (Year)
S DATE OF BIRTH 20 , 185 (Month) (Day) (Year)	that I last saw handlive on May 192
7 AGE 7 yrs. 8 mos. 2ds. If LESS that I day hrow or min.	8. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Harue Labore (b) General nature of industry business, or establishment in	(Duration) yrs mos 5
9 BIRTHPLACE (State or country) Which employed or (employer) State or country)	Contributory Secondary Durstian yrs
10 NAME OF John W Buston	(Signed) March East, 7
OF FATHER (State or country) Delaware 12 MAIDEN NAME 7	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Many Word 13 BIRTHPLACE OF MOTHER (State or Country) DElawan	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients or Recent Residents) At place of death yrs ds.
(Informant) Choo Buston	Where was disease contracted, if not at place of dea.h? Former or usual residence
(Address) Elklow RD 5	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Liny 5, 19
15 Filed May 5 19230 Baul Froy	20 UNDERTAKER 25 UNDERTAKER ELECTION IN
If more blanks are needed, address tute pogistr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

or collins

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., (a) Spinner, should be used only when needed. As examples :: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g ged in domestie service for wages, as Screant, Cook, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) without more precise specification as Day For persons who have no occupation Grocery;

Statement of Gause of Death—Name, first, the DISTEASE CLASSING DEATH the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal favor (the only definite synonym is "Epidemic cerebrospinal meningitis"; Definiteria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inamition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State eause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease (secondary Whooping cough; American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fraeture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V.S. No. 1

X		TLY, PHYSI-
ŊĠ	HIS IS A PERMANEN RECORD	lied. ACE should be stated EXACTLY, PHYSI-
D FOR BINDING	PERMA	should
-OR	IS A	ACE
0	HIS	lied.

1PLACE	OF DEATH	
ounty	Cecil	

14 54

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.

	The state of the s	(77	n Dist. No. 96
Vi	llage or City U.S. Veteran		Coint, Md. St.: War	rd) (If death occurred In a hospital or institu- tion, give its NAME Is - stead of street and number.)
	PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 :	Ma le White	SINGLE, MARRIED, UNKNOWN WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH De cember (Month)	18 , 19250.
6	DATE OF BIRTH (Mont	ulenbeury 1900 (Day) (Year)	17 I HEREBY CERTIFY, That I a December 14 19230 to 1 that I lost sow h 1 malive on 1	ettended the deceased from December 18, 192 30,
		If LESS than I dayhrsmosds. ormin.?	and thet death occurred on the date stat The CAUSE OF DEATH * was as follows:	ed above, at 1:55 Pem.
V	a) Trade, profession or or or kind of work	Unkno wn	2	,
l b	ousiness, or establishment in which employed or (employer)	640 cm - 650	(Duration)	Inkno wa de.
9 1	BIRTHPLACE (State or country)	Unkn own	Contributory Secondary (Duration)	утвdsds.
	10 NAME OF FATHER	Unknown	(Signed F. E. LES LE, Medical Dec. 19 19230 (Address) Perry	Officer in Charge
ENTS	11 BIRTHPLACE OF FATHER (State or country)	Unk no wn	*State the Disease Causing Deat Violent Causes, state (1) Means of	
PARE	12 MAIDEN NAME OF MOTHER	Unknown	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	pitals, Institutions, Trans-
100	13 BIRTHPLACE OF MOTHER (State or Country)	Unkno vn	At place of deathyrsmos4_da.	tateds.
4	(Informant) Hospital	Records	Where was disease controcted. Unknown if not et place of deah? Unknown Former or usual residence Dublin, Gas	
	(Address) Perr	y Point, Md.	19 PLACE OF BURIAL OR REMOVAL Adams Funeral Parlor, Dublin, Ga.	Date of Burial. Dac. 22 , 19 30
15	Filed 19/19/30 793 Clus	atlas Workson	20 UNDERTAKER	ADDRESS Grace, Md
	If more branks are	needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, (b) without more precise specification as Day Compositor, Architect, (b) Automobile factory. The material Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Vinantition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death icianus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. diseases Whooping cough; American Medical Association.) resulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

J

	,		4
		RITE	14.
T ON	(X T)
å			0
ò			

PLACE OF DEATH	10001	STATE OF	MARYLAND
County Cecil	13691	CERTIFICAT	TE OF DEATH
U.S. Veterans' Hospital	(168)	Registratio	on Dist. No. 96
Village or City Perry Point (No	Maryland	St.: Wa	rd) (If death occurred a hospital or instition, give its NAME stead of street a
2FULL NAME BYRD, Johnnie C.	Char. 4337	~~~~	stead of street a number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDI	CAL CERTIFICATI	E OF DEATH
MARIED, WIDOWED. OR DIVORCED (Write the word)		No ve mb	er 25, , 19230 (Day) (Year)
B DATE OF BIRTH	17 I HEREB	BY CERTIFY, That I	attended the deceased fro
Apr.11 14 , 1897			V. 25, 1923
(Month) (Day) (Year)			. 245, 1920
7 AGE If LESS than I dayhrs.		urred on the date stated ATH * was as followa:	ted above, at 6:05 &
33 - yrs. 7 mos. 12 de. or min.?		tion (suicide	
OCCUPATION		***************************************	}
			200
(a) Trade, profession or particular kind of work Hotel clerk			
(a) Trade, profession or particular kind of work Hotel clerk (b) General nature of industry			
(a) Trade, profession or particular kind of work Hotel clerk			yısmos
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)			ox, he bephrenic
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Manners North Carolina	Contributory D	ementia praec	ox, he bephrenic
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Manners North Caroline 10 NAME OF FATHER	Contributory Secondary	Dementia praec	ox, he bephrenic type
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Manners North Carolina 10 NAME OF FATHER John A. Byrd	Contributory Descendary (Signed) F.E. IESI Nov 26,	Duration) JE, Med. Offi 30 (Address) Pe	ox, he bephrenic type l ye l mos cer in Charge M. rry Point, Md.
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Manners, North Caroline 10 NAME OF FATHER John A. Byrd 11 BIRTHPLACE OF FATHER (State or country) Harnett County, N.C.	Contributory Descendary (Signed) F.E. IESI Nov 26,	Duration) JE, Med. Offi 30 (Address) Pe	ox, he bephrenic type 1 ye 1 mos
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Manners, North Carolina 10 NAME OF FATHER John A. Byrd 11 BIRTHPLACE OF FATHER	Contributory December 1921 (Signed F.E. IESL Nov. 26	(Duration) JE, Med. Offi 30 (Address) Per State (1) Means of all or Homicidal. ESIDENCE (For Homicidal)	ox, he bephrenic type l ye l mos cer in Charge M. rry Point, Md.
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Manners, North Carolina 10 NAME OF FATHER John A. Byrd 11 BIRTHPLACE OF FATHER (State or country) Harnett County, N.C. 12 MAIDEN NAME OF MARY Henrietta Howard 13 BIRTHPLACE	Contributory Secondary (Signed) F. E. IESI Nov. 26 192 *State the Violent Causes, Accidental, Suicida 18 LENGTH OF Reients or Recent R	Dementia prace (Duration) (Durati	ox, he bephrenic type l yrs l mos cer in Charge M. rry Point, Md. th, or, in deaths from Injury and (2) Whether apitals, Institutions, Trans
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Manners, North Carolina 10 NAME OF FATHER John A. Byrd 11 BIRTHPLACE OF FATHER (State or country) Harnett County, N.C. 12 MAIDEN NAME OF MARY Henrietta Howard	(Signed) F.E. IESL NOV. 26 192 *State the Violent Causes, Accidental, Suicida 18 LENGTH OF R ients or Recent R At place of death yrs 6. Where was disease con	Discase Causing state (1) Means of all or Homicidal. ESIDENCE (For Homes) In the contracted of the co	ox, he bephrenic type 1 yrs 1 mos cer in Charge M. rry Point, Md. th, or, in deaths from Injury and (2) Whether apitals, Institutions, Tran the State yrs 6 mos 24
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Manners, North Carolina 10 NAME OF FATHER John A. Byrd 11 BIRTHPLACE OF FATHER (State or country) Harnett County, N.C. 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) North Carolina 13 BIRTHPLACE OF MOTHER (State or Country) North Carolina	(Signed) F.E. IESI. Nov. 26 192. *State the Violent Causes, Accidental, Suicida 18 LENGTH OF R ients or Recent R At place of death yrs 6. Where was disease conif not at place of death	Discase Causing state (1) Means of all or Homicidal. ESIDENCE (For Homes) In the contracted of the co	ox, he bephrenic type l yrs l mos cer in Charge M. rry Point, Md. th, or, in deaths from Injury and (2) Whether apitals, Institutions, Trans
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Manners, North Carolina 10 NAME OF FATHER John A. Byrd 11 BIRTHPLACE OF FATHER (State or country) Harnett County, N.C. 12 MAIDEN NAME OF MATY Henrietta Howard 13 BIRTHPLACE OF MOTHER (State or Country) North Carolina 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) F. E. IESI Nov. 26 192 *State the Violent Causes, Accidental, Suicida 18 LENGTH OF Reients or Recent R At place of death yrs. 6. Where was disease corif not at place of de	Dementia prace (Duration) (Page 14	ox, he bephrenic type 1 yrs 1 mos cer in Charge M. rry Point, Md. th, or, in deaths from Injury and (2) Whether apitals, Institutions, Tran the State yrs 6 mos 24
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Manners, North Carolina 10 NAME OF FATHER (State or country) Harnett County, N.C. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) North Carolina 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Hospital Records	(Signed) F.E. IESL Nov. 26 192 *State the Violent Causes, Accidental, Suicida 18 LENGTH OF R ients or Recent R At place of death yrs. 6. Where was disease con if not at place of de Former or usual residence. Win	Dementia prace (Duration) (Page 14	ox, he bephrenic type 1 yrs 1 mos cer in Charge M. rry Point, Md. th, or, in deaths from Injury and (2) Whether spitals, Institutions, Trans the State yrs 6 mos 24 nown .C. DATE OF BURIAL
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Manners North Carolina 10 NAME OF FATHER John A. Byrd 11 BIRTHPLACE OF FATHER (State or country) Harnett County, N.C. 12 MAIDEN NAME OF MARY Henrietta Howard 13 BIRTHPLACE OF MOTHER (State or Country) North Carolina 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) F.E. IESL Nov. 26 192 *State the Violent Causes, Accidental, Suicida 18 LENGTH OF R ients or Recent R At place of death yrs. 6. Where was disease con if not at place of de Former or usual residence. Win	Dementia prace (Duration) (Page 14	ox, he bephrenic type 1 yrs 1 mos cer in Charge M. rry Point, Md. th, or, in deaths from Injury and (2) Whether apitals, Institutions, Transthe State yrs 6 mos 24 nown
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Manners, North Carolina 10 NAME OF FATHER (State or country) Harnett County, N.C. 12 MAIDEN NAME OF MOTHER (State or Country) Harnetta Howard 13 BIRTHPLACE OF MOTHER (State or Country) North Carolina 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Hospital Records	(Signed) F.E. IESL Nov. 26 192 *State the Violent Causes, Accidental, Suicida 18 LENGTH OF R ients or Recent R At place of death yrs. 6. Where was disease con if not at place of de Former or usual residence. Win	Dementia prace (Duration) (Page 14	ox, he bephrenic type 1 yrs 1 mos cer in Charge M. rry Point, Md. th, or, in deaths from Injury and (2) Whether apitals, Institutions, Transithe yrs 6 mos 24 nown .C. Date of Burial Nov. 28

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queswork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. to know (a) the kind of work and also (b) the For many occupations a single word or term on without more precise specification as Day For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condi-Whooping cough; American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, etc. The unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; affection need Nomenclature of the contributory not be

If this certificate is looked over thoroughly and all questions apswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1	- 5
(Ar)	Xac
	I w

EXACTLY, I

stated E)

pinous

certificate

structions that U

80

supplied terms

be EA OO

<u>ග</u>

Ö should

(1)

22

S

AC

inform state SCUP

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME in-stead of street and PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE MARRIED 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. OR DIVORCED Write the word (Day) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year IIf LESS than 7 AGE and that death occurred on the date stated above, at (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory BIRTHPLACE Secondary (State or country (Signed) *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the At place of death OF MOTHER (State or Country Where was disease contracted. if not at place of death? Former or usual residence

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKE

19 PLACE OF BURIAL OR REMOVAL

deaths from

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coul mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plunter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. busine..., that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physicism, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the (Recommendations on statement of cause of diseases resulting from childbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, menletanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; as fracture of skull, and consequences (e.g., scpsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4	Jad.	HYSI- Exact
X	ECORD	perly classified. ertificate.
R BINDING	WRITE AINLY, WITH UNFADING INK-THIS IS A PERMANENT ECORD	Every item of in. The mation should be carefully supplied. ACE chould be stated EXACTET, PHYSICIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
SERVED FO	INKTHIS IS	ly supplied. A lain terms so tt. See Instruct
MARGIN RESERVED FOR BINDING	UNFADING	ould be careful CF DEATH in p
	NLY, WITH	mation shate CAUSE
	RITE	item of instance in stance of occ
=	X	Every CIANS staten

03 ž

S. No. 1

PLACE OF DEATH County Ceel	3 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 9/
Villago or City Cherapeute alyNo.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH OC 2 , 1930 (Year)
6 DATE OF BIRTH OCL 2, 1938	17 I HEREBY CERTIFY, That I nttended the deceased from
7 AGE (Month) (Day) (Year) 17 If LESS than 1 day Ohrs. yrs. mos. ds. or o min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer)	Misearing 1/2 mos. Sulation (Duration) yrs. mos. da
9 BIRTHPLACE (State or country) Charaftenke Ch. 2nd 10 NAME OF FATHER Stomer L. Compbell	Contributory Secondary (Duration) yrs mos ds (Signed) Melbert Bale M. D.
OF FATHER (State or country)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Informant) Mrs At. L. Comphell. (Address) Ches. City- 2nd	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL On Premiss Log/2, 1930
Filed 10/4 1930 B. Humand Brawn Registral	20 UNDERTAKER Perents - Ches. City.
If more blanks are needed, address ttate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). whatever, write None. fulness of various pursuits can be known. The queswork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foremun, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from the first line will be sufficient, e. g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g ged in domestic service for wages, as Servant, Cook. to report ployed, as Al school, or Al home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, For many occupations a single word or term on Compositor, Architect, Locomotive engineer, specifically the occupations of persons en-For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles; "PUERPERAL septicaemia," "PUERPERAL perdonitis, tions, such as "Asthenia," "Anaemia" (increly symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease (secondary approved by Committee on as fracture of skull, and consequences (e.g., scpsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) (Recommendations on statement of cause of death clanus) may be stated under the head of "contributory." "Atrophy." "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is loss definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need not be Chronic valvular heart disease; ," "Coma," "Convulsions, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE

2 ·

PLACE OF DEATH	13692 STATE OF MARYLAND
County Tole	CERTIFICATE OF DEATH
2011 101 100	Registration Dist. No.
Village or City / Lewell (Northern	St.: Ward) (If death occurred in a hospital or institu-
and the there is	tion, give its NAME ir- stead of street and
2FULL NAME TO THE OFFICE OF THE OFFICE OFFIC	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLL OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCET (Write the word)	16 DATE OF DEATH // /19238
6 DATE/OF BIRTH	(Month) (Year) (Year) 17 1 HEREBY CERTIFY, That I attended the deceased from
1 / 10 1730	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than day	and that death occurred on the data stated above, at
de. or min.?	Sulme / bemorley
8 OCCUPATION (a) Trade, profession or	Child died suddenly cough
particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Medical Certification (State or country)	Contributory Secondary (Duration) yrs mos ds.
10 NAME OF Theodore Qaroll	(Signed). M. D.
II BIRTHPLACE OF FATHER Z (State or country)	*State the listase Causing Death, or, locally from Violent Causes, state (1) Means of Injury with the Violent Causes, state (1) Means of Injury with the Violent Causes, state (1) Means of Injury with the Violent Causes, state (1) Means of Injury with the Violent Causes, state (1) Means of Injury with the Violent Causes, state (1) Means of Injury with the Violent Causes (1
12 MAIDEN NAME OF MOTHER A DIE	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informate)	usual residence
(Address) undbletom Def	Description of REMOVAL DATE OF BURIAL 11-13, 1930
15 Filed 11-12 1930 Course	heoden Corroll Widdlelow
If more banks are needed, addre s State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Form loborer, Luborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (red or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Civil engineer, Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). without more precise specification as Doy For persons who have no occupation Stationary firemon, etc. Locomotive engineer, But in many (b) Grocery;

Statement of Cause of Death—Name, first, the Dispension of Cause of Death—Name, first, the Dispension of Cause Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

answered in detail, it will prevent further correspondence.

data is essential and must be obtained before the certificate is

permanently filed.

tetanus) may be stated under the head of "contributory." Recommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenclature of the stated unless important. Example: Measles (disease If this certificate is looked over thoroughly and all qu stions accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of corpolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-(secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menfracture of skull, and consequences (e.g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart discose; etc. The contributory

S. No. 1

>

N. B

PLACE OF DEATH	16288 STATE OF MARYLAND
County Cecu	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City horth East nd (No.	St: Ward) a bounted or institute
2FULL NAME Betty of Carter	a hospital or institu- tion, give its NAME is- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
Female While (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Aug 26, 193 Month) (Day) (Year	that I last saw have alive on 1923
7 AGE If LESS th	
vrs. mos. 2/ ds. or mir	
yrs. mos. ds. or mit	- Shann Brent
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE	Contributory Secondary
(State or country)	(Duration)de.
10 NAME OF FATHER (1) : OPIGE OR CONTE	(Signed) M. D.
0) 11 BIRTHPLACE	192 (Address)
(State or country)	*State the Disease Causing Death, or, in deaths trem Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Beating & Love	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place of deathyrsds. In the Stateyrsmosds.
(State or Country)	When we disease contracted
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) William (Carles	usual residence
(Address) north East Md	north East M. C. Cuilly Suppl 9 1930
15 Filed 9/19/30 192 Leo W. Quell Registrar	SIDIP Raux hollast
if more blanks are needed, address tate Regis	trar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken state; occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits ean be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oeetc., Foreman, For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the If the occupation has been changed -Coal mine, etc. Womnot gainfully em-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever: (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. ean be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Whooping cough; Chronie valeular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences (e.g., sepsis, aecident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by railway train taken. For violent deaths state means of injuly causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, by Committee on Nomenclature of the Measles;

If this certificate is looked over thoroughly and a'l qu stions unswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Z

1PLACE OF DEATH	05419 STATE OF MARYLAND
County Ce cil	CERTIFICATE OF DEATH
County	Registration Dist. No. 9/
Village or City Chesafeake (No. City) 2FULL NAME Charles Henry	St.: Ward) (If death occurred in a hospitual or institution, give lits NAME irrestend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marien Colored (Write the word)	16 DATE OF DEATH May 2 8 , 1980 (Year)
6 DATE OF BIRTH July 5- 1862	17 I HEREBY CERTIFY, That I attended the deceased from May 2 1 1980 to No. 2 8 , 1980.
(Month) (Day) (Year)	that I last saw ham alive on 27, 1922,
7 AGE If LESS than I day	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Aay Laborer particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yis nos de.
9 BIRTHPLACE (State or country) Frany Law	Contributory Secondary Duration) Quanting Output Duration Durat
10 NAME OF Harry Carter	(Signed) Melbert Botes M. D. 5729 180 (Address) Tellon and
OF FATHER (State or country) (State or country)	*State the Discase Causing Peath, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER no luformation	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) ho information	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deeth?
(Informant) John 7. Caster	Former or usus! residence
(Address) Chesofrak like by	Stengustur Cemetry Hay 31, 1930
Filed 5/s/ 1930 B. Hours Brawn	20 UNDERTAKER ADDRESS EKTOW W
If more blanks are needed, addross State Registrar	16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," et., wir laborer, tired 6 yrs). state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e.g.. Farmer or Planter, cupation is very important, so that the relative health whatever, write None. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return 'Laborer," "Foroman," "Manager," "Deal-Physician, Compositor, Architect, Locomolive Foreman, For many occupations a single word or term on (b) Cotton mill; (a) without more precise specification as Day For persons who have no occupation (6) (a) the kind of work and also (b) the Automobile factory. The material Laborer-Coul mine, etc. Salesman (6) engineer, Wom-

Statement of Cause of Death—Name, first, the Dis-BASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal faver (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia. Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage "Puerperal septionemia," "Puerperal peritonitis," can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondar/ Whooping cough; Chronic valendar heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, monapproved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY death), 29 ds.; Bronchopneumonia (secondary), or intercurrent) affection Committee on Nomenclature of the ," "Convulsions, need not be

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

4

STATE OF MARYLAND

CERTIFICATE OF DEATH

PHYSI-

PLACE OF DEATH

County

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more pre-coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-on at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary froman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. Housemuid, etc. If the occupation has been changed worked on may form part of the second statement. Aever return 'laborer,'" (Foreman," "Manager," "Deal-Physician, Compositor, Architect, report specifically the occupations of persons en-For many occupations a single word or term on For persons who have no occupation Locomolive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal, fever (the only definite synonym is "Epidemic cerebrospinal menincitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia. Bronchopneumonia ("Pneumonia,")

"(Exhaustion," "Heart Tanure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronie interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles; inges, perilonaeum, etc., Carcinomu, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Corna," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. valmular heart Nomenclature of the The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

(4)	
0	

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH ciassified (129 Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME ir -stead of street and certificate number.) propor PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED (Write the word) may (Month) .. (Day). (Year).... I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH instructions that (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at The CAUSE OF DEATH supplied terms OCCUPATION (a) Trade, profession or particular kind of work piai (b) General nature of industry business, or establishment in (Duration) which employed or (epaployer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF O (Address) lal I is ase Causing Death, or, in deaths from RENT S NOL Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAM 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER 4 State ients or Recent Residents) 13 BIRTHPLACE At place of death. In the OF MOTHER (State or Country) Ö 7 Where was disease contracted, if not at place of dea.h? Former or usual residence Registral Saratoga St. Balto., Lequesting V. S. No. 1. If more blanks are needed, address Ltate Kegistrar, 16 W.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocg ged in domestic service for wages, as Scruant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the airst line will be sufficient, e. g., Farmer or Planter, Playsician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman. (b) Grocery: man, (b) Automobile factory. The material without more precise specification as Day Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrostinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bionchopneumonia ("Pneumonia,"

> "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" approved by Committee on carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping eough; "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Careinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-"Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, for malignant neoplasms); Measles; Chronie valvular heart disease etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Non

V. S. No. 1

N. B.--

Exact

		OF DEA	ГН			
	County	ecil	**********			74
va	lage or City	. Elk	ton	(No.		7 -
	2FU	LL NAME	Us	ny	1 C	ha
	PERSO	NAL AND	STATIST	ICAL PAP	RTICUL	ARS
Te	male	4 COLOR	OR RACE	MARRIE WIDOW OR DIVO (Write th	ED.	lowed
6 [DATE OF BIF	тн с	1			
			(Month)	e /	Z	1844 (Year)
7 A	GE	84 yrs	6	mos.	1	fLESS than dayhrs. ormin.?
() P () b	occupation a) Trade, pr articular kin b) General n usiness, or e which employ	ofession or d of work ature of ind stablishment	ustry in	Hon	l	
9 8	(State or co	untry) M	ları	la	el.	
S	10 NAME OF FATHER	Nav	id b	Loca	Kas 0	-2
ARENTS	OF FATH (State o	NAME	na	to M	Su.	
, P	13 BIRTHP	ACE	na	myl	hom	1
14	(Informant	71.	THE BEST	O MY KI	NOWLED	GE

Registrar

If more blanks are needed, address State Registr

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 92

14855

mbers	St.:	Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stand of street and number.)
MEDICA	L CERTIF	ICATE O	F DEATH
16 DATE OF DEATH	0	1 4,	_ 7
************************	Ne	e) 2	, 1920
17 I HEREBY			(Day)(Year)
1 son in	192	A	~ 27 192a
that I last saw h	alive on	٨	~ ~ 6, 192.o.,
n and that death occurre	d on the d	ate stated	abovs, atm,
. The CAUSE OF DEATH	i * was as f	oliows:	
2 0 10	9-9	l	447
cerevial		ope	C4-7
***************************************		************	
	(Dura	tion)	yrs. mos 2 ds.
Contributory	######################################	· · · · · · · · · · · · · · · · · · ·	
- 1	(Dura	tion)	yrsmosde.
(Signed) 1971	(Address)	Rest	Cos Tul
		g Death,	or, in deaths from ury and (2) Whether
Violent Causes, stat Accidental, Suicidal or	te (1) Mea Homicidal.	ns of Inj	ary and (2) Whether
	DENCE (F	or Hospita	als, Institutions, Trans-
At place		In the	
At place of death			yrsmosds,
Where was disease contra if not at place of death?	c.ea,		
Former or usual residence		P+ C	• • • • • • • • • • • • • • • • • • • •
19 PLACE OF BURIAL	OR REMOV	AL	DATE OF BURIAL
Elklon Co	met	my .	Dec 30, 1930
20 UNDERTAKER			ADDRESS
IA.W.Z	pjan	e	Witton My
ar, 16 W. Saratoga St., Ba	alto., Reque	sting V. S.	No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housetired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken er,' etc., Withous Laborer-laborer, Farm laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. not gainfully em-

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on Nomenclature of the American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Whooping unqualified, is indefinite); Tuberculosis of lungs, mencough; Chronic valvular heart disease; etc. The contributory Always qualify all not be

Answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If off is certificate is looked over thoroughly and all questions

ż

HYSI-Exact

PLACE OF DEATH	01524 STATE OF MARYLAND
County Cecil	CERTIFICATE OF DEATH
County	Registration Dist. No. 93
Village or City Pleasant follows. 2FULL NAME Raymond w. Chi	St.: Ward) (If death occurred in a hospitul or institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White (Write the word) 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATHCOLOUGH 2, 1950 (Month)— (Day) (Year).
6 DATE OF BIRTH OLE 25, 1929 (Month) (Day) (Year)	Dec. 10, 1929 to Reb. 2, 1950, that I last saw home alive on Jan 25, 1950,
7 AGE If LESS than dayhrs. ormin.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) I rade, profession or particular kind of work	Whoofing lengte
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary Duration) yrs. 23 de. Contributory Secondary Duration) yrs. 3 mos. de.
10 NAME OF FATHER Clifford Chidester OF FATHER OF FATHER	(Signed) M. D. 1910 (Address) Desth East Met *State the Discase Causing Death, or, in deaths from
(State or country) I2 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place in the State yrs mos ds.
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Childs R. D. H Mg	Day Niew M. Centery Jeb 4, 1930 20 UNDERTAKER DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL ADDRESS A
Filed 19231 (S. 9 Yull) Registres If more blanks are needed, address State Registrar	Joseph R Grant north East Mag., 16 W. Santoga St., Balto, Requesting V. S. No. 1.
AL BILLIA MINISTER MATERIAL MA	V

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesdefinite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a additional line is provided for the latter statement: it the first line will be sufficient, e.g., Furner or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Nervant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," 'Manager," 'Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physicun, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) without more precise specification as Day Compositor, Architect, who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Salesman, Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fover (the only definite synonym is "Epidemic cerebrosyinal meningitis"; Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid Pneumonia"; Jobar pneumonia Bronchopneumonia ("Pneumonia.")

> atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of letunus) may be stated under the head of "contributory." carbolic acid-probably suncide. The nature of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis, can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage "(Inanition, '' " Marasmus, Vine a definite disease " Uraemia, '' "Weakness," etc., when a definite disease Whooping American Medical Association.) (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; " "Marasmus," "Old Age," "Shock," Chronic etc. valvular heart Nomenclature Always qualify all The contributory disease;

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH County Seed	05420 STATE OF MARYLAND CERTIFICATE OF DEATH
0 1 .0/2	91-6 Registration Dist. No. 90
Village or City Rar Earleville 7	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Nale A COLOF OR FACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH , 1930
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
9 6 1849	Cepr 20 1930. to May 1, 1938 8
(Month) (Day) (Year)	that I last saw he calive on and 30, 1930,
7 AGE If LESS than	and that death occurred on the date stated above, at
86 yrs. 6 moa. 24 ds. or min.?	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or Particular kind of work Advanced B OCCUPATION (b) Trade, profession or Particular kind of work	arterio-Salewsis
(b) General nature of industry business, or establishment in which employed or (employer)	Insefection) yrs. mos ds.
9 BIRTHPLACE //	Contributory
(State or country) DElaware	(Defation)
10 NAME OF MIKELOWW	(Signed) Malaak M. D.
M 11 BIRTHPLACE OF FATHER	192 (Address)
Z (State or country)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whet reaction Accidental, Suicidal or Homicidal.
of MOTHER Jarah McKay	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State of Country) Delaware	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Mrs Bessie Seaman (Address) Camber n	19 PACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 5/2 1980 JORoman Registras	and A Coffee or Coulin ha
If more blanks are needed, addre.s Ltate Kegistya	16 W. Saratoga St., Ballo., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewije, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. ployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. person, irrespective of But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Exhaustion," "Heart failure," "Laemorrnage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elecan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on letanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS State MEANS OF INJURY (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," perilonaeum, etc., Careinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi resulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The Nomenclature " "Convulsions, contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Cl	CERTIFICATE OF DEATH
0004	
El Solara VI	Registration Dist. No.
Village or City (No.	St.: Ward (If dath occurred in a hospital or institu-
2FULL NAME Joseph	tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3) SEX 4 COLOR OR RACE 5 SINGLE MARRIED, MCA	16 DATE OF DEATH
nale Mut WIDOWED. OR DIVORCED WE CA	1928 8
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I JEREBY CERTIFY, That I attended the deceased from
15/2	P/ 2 20
(Month) (Day) (Year)	that I last saw h Calive on
7 AGE If LESS than I day	and that death occurred on the date stated above, at
3 yrs	Carle Cardias
6 OCCUPATION (a) Trade, profession or	Railure.
particular kind of work	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Durstion)yrs mosde.
9 BIRTHPLACE	Contributory
(State or country)	(Durstion)ds,
10 NAME OF FATHER OF OF OF	(Signet) Sell Talacomp.
11 BIRTHPLACE	874 1930 Address lesen 9 Sun had
	*State the Disease Causing Death or it deaths from
OF FATHER (State or country) 12 MAIDEN MANE	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHERS is a fame	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State of Country)	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
me Smale Childress	Former or usual residence Casing Sun Ma
(Informant) (USS CHAIL)	19 PLACE OF BURIAL OF REMOVAL
(Address) Plany Aun. Maj	Hopewell Ind, Muy 7, 1,30
15 Et 16 4 1000 1 2 1 2 1	20 UNDERTAKER ORESS
Filed lug 4 180 Jank Magistres	Y.C. Jsen, Rising sunting
If more banks are needed, addre.s Ltate Negistran	, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewife, Houseer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emcases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to e:ch and every person, irrespective cf fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise..se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> atic), "Atrophy." "Collapse," "Coma," "Convulsions,"
> "Debility" ("Congenital," "Senile," etc.), "Drepsy,"
> "E.haustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondar j or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic etc. valvular heart disease; The contributory Measles; of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSI-

Every item of information should be carefully supplied. ACE should be stated EXACTLY, P CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT BINDING A FOR WITH UNFADING INK--THIS IS MARGIN RESERVED CIANS should

S. No. 1

N. B.

PLACE	OF	DEATH	
County Ce			

10289

STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City Elklow (No.	Registration Dis	t. No. 92 (If death occurred in hospital or institu-
2FULL NAME Marian Virgin	· Cont	on, give its NAME in- tead of street and umber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
Ferral White Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)		22, 196 (Day) (Year)
Month) (Day) (Year)	Sef 1930 to Sefuthat I last saw her alive on Sefuthat I last saw h	ed the deceased from 22, 1930
7 AGE If LESS than 1 day hrs. or min.?	and that death occurred on the date stated about The CAUSE OF DEATH * was as follows:	- 0 -4
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Hareline of be	rsds.
(State or country) May land 10 NAME OF FATHER John A Clark 11 BIRTHPLACE OF FATHER (State or country) Mary land	(Signed) A Durstion) Sef 24 1930 (Address) Ellist *State the Disease Causing Death, or Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal.	on M.D.
12 MAIDEN NAME CLITA Dance OF MOTHER CLITA Dance 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals ients or Recent Residents) At place	
(Informant) John A Clark	if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Address) Electors Plants Diane	20 UNDERTAKER	DDRESS 1933

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cooker Housemuid, etc. If the occupation has been changed ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation -- Precise statement of ocreport specifically the occupations of persons ennner, (b) Cotton mill; (o) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Plunter, or At Home, and children, not gainfully em-For many occupations a single word or term on Form laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Locomotive engineer, re-

Statement of Cause of Death—Name, first, the Discrete Causing Death (the primary affection with respect to time and causation), using always the same adentified term for the same disease. Examples: Cerebrashing editer (the only definite synonym is "Epidemic curcbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Brouchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions," peritonaeum, etc., Coreinoma, Sarcoma, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need ('hronic valvular heart disease; etc. The contributory not be etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent lurther correspondence. All the tata is essential and must be obtained before the certificate is permanently filed.

N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORI ANLY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

S No. 1 >

PLACE OF DEATH	STATE OF MARYLAND
County Could	CERTIFICATE OF DEATH
en+ 11	Registration Dist. No. 92
Village of City Colon (No. 100)	um Ashlafer (If death occurred in
2 FULL NAME OBaly E	a hospital or institu- tion, give its NAME is- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH & 2 , 1980 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Dsy) (Year)	that I last saw h Lalive on P/R 1980
7 AGE [If LESS than	and that death occurred on the date stated above, at free m.
l dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	Jacquerung
(a) Trade, profession/or	Januay Carl
particular kind of work (b) General nature of industry	new lown -
business, or establishment in	(Duration) yrs. mos. ds,
which employed or (employer)	Contributory
(State or country)	Secondary
10 NAME OF / 7 7 P/	(Duration) yrs mos ds.
Frederich F. Clark	(Signed) M. D.
M BIRTHPLACE OF FATHER	*State the lisease Causing Death, or, in deaths from
OF FATHER Z (State or country) 12 MALDEN NAME	*State the l'is ase Causing Desth, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of nothing the collection	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State of Country)	of deathyrsds. Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) Freduch 7 clark	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Conourings Med	Calvey md aug 2, 1930
15 Filed flugs 2 1980 frank must men	20. UNDERTAKER ADDRESS
Registra	Joseph R Leaux hally Easy 9
If more banks are needed, addre.s Ltate Registral	, 16 W. Savatoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

laborer, er," etc., tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Locomolive engineer, Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Паетоггћаде," st.ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopncumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJU.: Y can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Never report mere symptoms or terminal condi-Chronic etc. The valvular heart disease; Nomenclature of the contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

N. B.

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
WITHIN CO	Registration Dist. No. 92
Village or City Eletter (No. 268)	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, Married, Married, Midowed, Married, Wildowed, Married, Write the word)	16 DATE OF DEATH (Month) (Dsy) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Farman 6 18	78 Jan 12 100.00 april 22. 1928.
(Month) (Day) /(Yes	that I last saw ham alive on april 21, 19230.
7 AGE IFLESS	
57 3 1/2 day	
d OCCUPATION (a) Trade, profession or Jelega sher a particular kind of work	Wrenie poisoning
(b) General nature of industry business, or establishment in which employed or (employer) Note to be started to be set to be	(Duretion) There draws de
9 BIRTHPLACE (State or country) maryland.	Contributory Chronic Cario-Menal disease Secondary Institute arterio Sclerosio (Duration) Traffication do.
10 NAME OF FATHER Weigh W. Colay	(Signed) 57. Buston Planson M. D. Apr. 22 1930 (Address) Numark - Orl.
11 BIRTHPLACE OF FATHER Z W W State or country) W The Country W The Coun	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Florence Jeffers	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ionts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Manyland	At place in the of death
14 THE ABOVE IS TRUE TO THE BEST OF Y KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
my wm 1 chay	Former or usual residence
(Informant) (Address) Clitton mil	19 PLACE OF BURIAL OR REMOVAL PLACE OF BURIAL PLACE OF
15 Filed yorky 1920 J. Lands Joans	20 UNDERTAKER ADDRESS ELKton Mit
If more banks are needed, addre.s Ltate Kegi	strar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from er," etc., without more precise coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engincer, Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, House-Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g gcd in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Carc should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foremun, (b) Automobile irst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation At Home, and children, not gainfully em-Compositor, Architect, Stationary fireman, etc. But in many factory. The Locomotive engineer, materia Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhvid fever (never report "Typhoid Pneumonia"); Lobor preumonia, Bronchopneumonia ("Pneumonia");

> approved by Committee on tetanus) may be stated under the head of "contributory." American Medical Association.) "PUERPERAL septicaemia," "PUERPERAL perilonitis, "Exhaustion," "Heart "Old Age," "Shock, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronohopneumonia (secondary), Chronic interstitial nephritis, (Recommendations on statement of cause of death and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS-OF INJURY cough; or intercurrent) Chronic valvular heart disease; etc. The contributory affection need Nomenclature of the not be etc., of

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

10	0	O
/ 0	0	of
N. BEvery item of imormation should be carefully supplied. ACE should be carefully supplied.	CIAN'S should state CAUSE CF DEATH in plain terms so that it may be pro	statement of OCCUPATION is very important. See instructions on back of o
7	>	90
	6	Q
9	=	L
	; =	8
la:	at	Ü
0	th	tio
	0	0
7	-	Ŧ
===	Ju.	18
2	1	-=
	÷	99
0	1	S
É) i a	*
-	2	an
7	-	t
8	I	00
0	A	Ε
2	H	-
7		er)
0	L	>
2	111	(0)
6	S	z
0	P	0
at	O	H
8	9	A
- 0	13	2
1	3	Ö
5	7	ŏ
0	17	+
2	0	t
0	00	ne
100	00	m
>	Z	te
0	A	ta.
la!	U	0
i		
503		
2		

PLACE OF DEATH County Cicil	09116 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 92
Village or City anion Northo. Els	on Man St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Baly Clifton	NALE tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MALE WHITE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH august 15, 1930
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
August 13 1930	august 13 1980 10 august 15 ,130
(Month) (Day) (Year)	that I last saw h implalive on Quaret 15 , 130,
7 AGE If LESS than I day	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work	Failer Horas
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mos de.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) vis mes ds.
10 NAME OF Charles Edwin Clifton	(Signed) M. D.
of Father (State or country) Maryland.	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whethor Accidental, Suicidal or Homicidal.
of MOTHER Tuey stenens	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland.	At place in the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) Charles E. Elifton Father)	Former or usual residence
(Address lesyful City led R.D.	If currentine conetary aug. 16, 1930
Filed May 15 1920 Junt Bust	Have G. Lana Cheenful City my.
If more banks are needed, addre.s State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Collon mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e:ch and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enen at home, who are engaged in the duties of the laborer, Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material Architect, Locomolive engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Drepsy," "E:haustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-Chronicetc. The contributory valvular heart Nomenclature disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, whatever, write None. worked on may form part of the second statement. For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, (a) the kind of work and also (b) the

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY " "Marasmus," "Old Age," "Shock," Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1930

		nat
	E	em of Inform
		-
		0
	WRITE	
	3	>
		Every it
g-d		_ଲે દે
V. S. No. 1	1	Ī
Ď.	1 5	E1
>	de	Z
		1

1			14794			
PLACE OF DE	ATH.			STATE OF I		
	<i>/</i> • •		(8)	Registration 1	Dist. No.	96
Village or City Level	Holle (No.		1-0	St.: Ward)	a hospital tion, give i stead of	occurred in or institu- ts NAME in- street and
2FULL NAM	Eller and	nem		roun.	number.)	
PERSONAL AN	D STATISTICAL PARTICU	LARS	MEDIC	AL CERTIFICATE	OF DEATH	
3 SEX 4 COLO	OR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the west)	1	B DATE OF DEATH	[Month]		19230 (Year)
6 DATE OF BIRTH	Carch. 4	., 1 924.	that I last saw h	CERTIFY, That I att	ended the de	1923.0
7 AGE	yrs. 9 mos 27 ds.	[If LESS than a	The CAUSE OF DEA	rred on the date stated TH * was as follows:	above, at 2.	retio q
B OCCUPATION (a) Trade, profession particular kind of wor	k	pol .	Peri	cardetes	follo	evering
(b) General nature of business, or establishm which employed or (en	ent in		/	(Duration)	Faile	ere tide
9 BIRTHPLACE (State or country)	and.		Secondary	7	yra.	nos. /2 da
FATHER Va	rold 2 (so	town	(Signed) 2 1917	Q (Address) James	a det	Track
OF FATHER (State or country)	Well.	2-0-	- / v	Disease Causing Death, tate (1) Means of In or Homicidal.	!	aths from) Whether
OF MOTHER	alherine for	luy!		ESIDENCE (For Hospi		
13 BIRTHPLACE OF MOTHER (State or Country)	Tell.		At place of deathyrs		teyrs	mosds
14 THE ABOVE IS TRUE	TO THE BEST OF MY KNOWL	EDGE i	Where was disesse con if not st place of des	tracted, nh?		
11	Cherine Coh	my!	Former or usual residence	AL OR REMOVAL	DATE OF	BURIAL
(Informant) (Address)	enjulle, a	ud A	Corner &	ries cem.	Jan 3	, 19 3
15 Filed 1/2/	13/3/4. Lande	Registrar	20 UNDERTAKER	theran (ADDRESS	hiller
If mo	re bianks are needed, address	State Registrar,	16 W. Saratoga St.,	Balto., Requesting V.	S. No. 1,	ua

(Approved by U. S. Census and American Public Health Association.)

er,' etc., without Loborer-loborer, Form laborer, Loborersary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Solesman. (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of gaged in domestic service for wages; as Servant, Cook, en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an the first line will be sufficient, e.g., Former or Planter, whatever, write Nonc. business, that fact may be indicated thus; Farmer (neor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken For many occupations a single word or term on without more precise specification as Doy -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> letanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis carbolic ocid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by roilway train-Whooping cough; Chronic "Atrophy," "Collapse," "Coma," "Convulsions," perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid valvular heart disease; etc. The contributory not be etc., of

If this certificate is looked over thoroughly and all questions asswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

o Z

(Approved by U. S. Census and American Public Health Association.)

hou chold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housestate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emer," etc., Without more process. Coal mine, ctc. Wom-laborer, Farm laborer, Laborer—Coal mine, ctc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, For many occupations a single word or term on yrs). Compositor, Architect, For persons who have no occupation person, irrespective of Locomotive engineer, Grocery;

Streement of Cause of Death—Name, first, the DISEARC CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stited unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as_fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Uraemia," "Weakness," etc., when a definite disease (secondary perilonaeum, etc., Carcinoma, Sarcoma, etc., ol FOR VIOLENT DEATHS state MEANS OF INJULY or intercurrent) affection need Chronic etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH County Cert	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. 94
Calc	Village or City Worth East (No. 2FULL NAME John & Cr	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
מכא	Male white Single. Male white Write the word	16 DATE OF DEATH See 30, 1930 (Month) (Day) (Year)
2 10 210	6 DATE OF BIRTH (Month) (Day), (Year)	17 I HEREBY CERTIFY, That I stended the deceased from 30, 1930 to See 30, 1930 that I last saw humalive on the 30, 1930
and and	7 AGE 7 0 yrs. 9 mos. 25 ds. or min.?	
	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos 7 ds,
dun	9 BIRTHPLACE (State or country)	Contributory Secondary (Dualion)
N IS VOLY	11 BIRTHPLACE OF FATHER (State or country)	(Sigoed)
	12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds.
5	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h? Former or usual residence
orange de la company de la com	(Address) horth Cash and	Detally E Cenetry Jan 2, 19 3
	Registrar If more banks are needed, address tate Registra	r, 16 W. Satisting St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (o) sary to know (a) the kind of work and also (b) the whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed; as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of " etc., For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the phase is considered to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebros pinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor gneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL seplicaemia," "PUERPERAL perilonilis, can be ascertained as the cause. Always qualify all "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthonia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; (secondary or intercurrent) affection need "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronicetc. The contributory valvular heart Nomenclature of the not be disease;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

2 × 2	
hou it me	6 DAT
CE shat i	
So t	7 AGE
Every Item of internation should be carefully supplied. ACE should CIANS should state CAUSE OF DEATH in plain terms so that it may statement of OCCUPATION is very important. See instructions on bac	
sup in te	(a) parti (b) (busin which
fully plai	(b) (busin
H in	9 BIRT
be (-
ould OF L	10
n sh JSE	S 11
CAL	PARENTS 12
tate	13
- 0	
shound of	14 THE
y Ite	(1
N. BEvery Item of internation should be carefully supplied. ACE should CIANS should state CAUSE OF DEATH in plain terms so that it may statement of OCCUPATION is very important. See instructions on back	15
8	Fil
z	

PLACE OF DEATH County	0324	STATE OF CERTIFICATI	MARYLAND
THE OWNER OF THE OWNER	wilder The State of the State o	Registration	91
Village or City (No	3	St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
² FULL NAME		ph a 440 con a	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
male 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH		(Day) (Year)
6 DATE OF BIRTH	1 1	CERTIFY, That I at	tended the deceased from
(Month) (Day) (Year)	that I last saw h		192 d,
7 AGE If LESS than 1 day hrs. mos. ds. or min.	and that death occur The CAUSE OF DEAT	red on the date state FH * was as follows:	d above, at fight m,
8 OCCUPATION	Ba	San La	e
(a) Trade, profession or particular kind of work		Bir	H.
(b) General nature of industry business, or establishment in	0.0000000000000000000000000000000000000		1/
which employed or (employer)		(Duration)	yrs
9 BIRTHPLACE (State or country)	Contributory Secondary	(Durkion)	yrs mos ds.
10 NAME OF FATHER Indian	(Signed)	Alugh	M. D.
OF FATHER Z (State or country)		(Address)	or, in deaths from njury and (2) Whether
12 MAIDEN NAME Sorger Cleoch		SIDENCE (For Hospi	itals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrs	in the	teds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of deat	h?	
and heart heart	Former or usual residence		
(Informant)	19 PLACE OF BURIA	L OR REMOVAL	DATE OF BURIAL
•	20 UNDERTAKER		ADDRESS
Filed 192 Registrar	LO ONDERTARER		
If more bianks are needed, address State Registrar	, 16 W. Saratoga St.,	Balto., Requesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook. to report specifically the occupations of persons en-" etc., Foreman, For many occupations a especially in industrial employments, it is neces-Form laborer, Loborer-Coal minc, etc. without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stirted unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as Chronic interstitial nephritis, tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved by American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Committee on Nomenclature Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

		U9114
	PLACE OF DEATH	STATE OF MARYLAND
	County Cecil	CERTIFICATE OF DEATH
	County	CERTIFICATE OF BEATIF
	1 of , o'L	(129) Registration Dist. No. 7
	Village or City Chesopeake (No	St. Wall (If death occurred in
5	Village of City	July a hospital or institu-
5	2 FULL NAME Pachary Taylor	stead of street and
/	2FULL NAME	number.)
5	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2		
)	3 SEX 4 COLOR OR RACE SSINGLE, WARRIED, WILLIAM WIDOWED.	16 DATE OF GEATH USE 26, 1930
5	Male While or DIVORCED	
2	(Write the word)	(Month) (Day) (Year)
5	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Intended the deceased from
0	lling 5 , 1847	19250, to 000, 1925,
5	Month) (Day) (Year)	thet I last saw ham alive or luquet 26, 1930,
5	7 AGE If LESS than	and that death occurred on the date stated above, as
-	(3) I dayhrs.	The CAUSE OF DEATH was as follows:
2	yrsmosds. ormin.?	aren muss
D	8 OCCUPATION	myocarditis
5	(a) Trade, profession or Sea Captain cutives	Manni heab-ti
-0	(b) General nature of industry	
	business, or establishment in which employed or (employer)	(Duration)ds.
5		Contributory
2	9 BIRTHPLACE (State or country)	Secondary
	Maryrant	(Dyston) yrsds.
	10 NAME OF A PURE OF A PUR	(Signed) MD. M.D.
	- Co- Cury	192 Aille oscalotet, M
	UN 11 BIRTHPLACE OF FATHER	*State the Disease Causing Weath or in deaths from
5	C (State or country) Cary Calubrate (State or country) Calubra	*State the Ilisease Causing Weath, or, in downs from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother Handle	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	a manacorii de e	ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place In the
	(State or Country)	of death
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted, if not at place of dea.h?
	SI Colina	Former or usuel residence
	(Informant) Causas Course	
,	Cherche R. Cit. My	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address)	fether century and 2/, 1924
)	15 Filed 8/20 1980 R. Hayand Brayers	20 UNDERTAKER ADDRESS
	Filed 129 1920 15, Haumol Summa Registrar	H. W. Tipper Watton My
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

00114

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housefulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Automobile factory. The material Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart failure, Haumorrhage, "Shock," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; etc. The contributory affection need Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should size CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD Y.Y, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

PLACE OF DEATH County	02812 STATE OF MARYLAND CERTIFICATE OF DEATH
a man	Registration Dist. No. 96
Village or City Fort Check	St.: Ward) (If death occurred in a hospital or institution, give its NAME lastend of street and
2FULL NAME (MULY 6), CO	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORGED (Write the work)	16 DATE OF DEATH MAUCH 78, 1930 (Month) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h P alive on May 28, 1939
7 AGE If LESS than I day	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Marcho- Mumored
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos ds.
9 BIRTHPLACE (State or country) 1 10 NAME OF	Secondary (1) Duration yrs
FATHER LAW PENCY Cooper	(Signed) (Address) Par Syarthu
OF FATHER Z (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
or MOTHER WAL.	13 L'NGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Informant) Clva Melly	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) A Market Mark	2d UNDERTAKER) ADDRESS
Filed 1928 J Dauders Registras	Vera. latterson Herrynlly
If more banks are needed, addre.s Ltato Registra	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (0) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Solesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary firemon, etc. But in many tion applies to e.ch and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foremon, (b) Automobile factory. The materia For many occupations a single word or term on especially in industrial employments, it is necesyrs). Form laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Doy For persons who have no occupation 6 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcosles; inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Whooping approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway troin-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Committee on Nomenclature of the Chronic affection need etc. The contributory valvular heart diseose; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	1PLACE	OF DEAT				
				(No		
	2FUL.	L NAME	Per	mett.	Stell	U
	PERSON	AL AND	STATISTI	CAL PARTIC	CULARS	
38	EX ciwaly	4 COLOR		5 SINGLE, MARRIED, WIDOWED, OR DIVORC (Write the wo	Lungle ED ord)	16
6 0	ATE OF BIRT	н				1
		**************	Dec		, 130	e l
			(Month)	(Day)	(Year)	
7 A		my yrs.		nos.	l dayhrs.	T
() p () b is	CCUPATION a) Trade, pro articular kind b) General na usiness, or es which employe strtpplace (State or cou	of work ture of ind tablishment d or (emplo	in –	***************************************		****
-	10 NAME OF			and	-	(3)
RENTS	II PIDTUPI ACE					1
of MOTHER PUCKEY (will 1					11	
13 BIRTHPLACE OF MOTHER (State or Country)						
14	(Informant)	beel	in C	of MY KNOT		if Fu

16

14858

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

MEDICAL	CERTIFIC	ATE OF	DEATH	
16 DATE OF DEATH	Dr	4		1920
X)	ERTIFY, Tha		led the de	(Year)
that I last saw h	Millell	120		, 192
The CAUSE OF DEATH			ove, at	n
	(Durstion		//sm	d
Contributory Secondary	1			
(Signed) / 1/2 / 1927	(Address)		77 IT	08d J. M. I
*State the Dise Violent Causes, state Accidental, Suicidal or	ase Causing (1) Means Homicidal.	Death, o	r, in dea y and (2)	ths from Whether
18 LENGTH OF RESI		Hospitale	, Institut	ions, Tran
At place of deathyrsmos	ds.	In the State	yrs	.mosd
Where was disease contractif not at place of death?	ted.			00000000000000000000000000000000000000
Former or usual residence				
19 PLACE OF BURIAL	OR REMOVAL		DATE OF	
angel 1+	ill Cu	ette	Rue 1	6. 1930
20 UNDERTAKER	1 Or	-	100	
/ um	104 1 44	11	John	

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed r," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Collon mill; (a) Salcsman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6

spinal meningitis"); Diphlheria (avoid use of "Croup"); Statement of Cause of Death-Name, first, the Dis Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Whooping cough; (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Always qualify all

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all questions

3

Š

00

N. B.

PLACE OF DEATH	02813 STATE OF MARYLAND
County Cecil	CERTIFICATE OF DEATH
County	(94)
	Registration Dist. No.
Village or City North Cash (No.	St.: Ward) (If death occurred in n hospital or institu- tion, give Its NAME I - stead of street and
2FULL NAME Isaac W. Coslett	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED.	16 DATE OF DEATH \ \ 29 , 1930
male white OR DIVORCED (Write the word)	(Month) 19 hear)
6 DATE OF BIRTH	17 I HERBBY CERTIFY, That I attended the deceased from
Frel 24, 1855	1923 U. to Wur 9 9, 1923 V,
(Month) (Day) (Year)	that I last saw h Madive on 1923,
7 AGE [If LESS than	and that death occurred on the date stated above, at 10.3017, n.
75 yrs. / mos. 3 ds. or min.?	The CAUSE OF DEATH * was as follows:
	1 0 0 H 0 T 10 0 0
8 OCCUPATION (a) Trade, profession or	Junuary Can Ruseus
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration)nosds.
which employed or (employer)	Contributory Welmia
9 BIRTHPLACE (State or country)	Secondary
I 10 NAME OF	(Duration) yrs
FATHER Obraham Coslett	(Signed) M. D.
of 11 BIRTHPLACE	1921 (Address)
(State or country) Wales Sales	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Rachel Douts	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos. ds. State yrs mos ds.
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Strobel Coelett	usual residence
(Address) north East had	north Park M. E Cemely apr /- 1920
15 Filed# -/- 30 192 Les US. Occass	20 UN DERTAKER DODRESS My
Registra	Joseph Il Trank north Cad
If more banks are needed, addre.s Ltate Kegistra	r, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to cuch and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite discase unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Mcasles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

ż

5.	-	0	1	
1	F	8	1	
-	AC	as	9	
3	×	0	Sa	
	P	Ę	≣\	
	te	ppe	Ser	
7	Sta	pro	Ť	
	90	90	7	
2	P	×	ac	
3	ă	na	Q	
ī	h	==	9	
_	H	at	ns	
ζ	0	t	‡	
2		80	9	
2	ed	S	str	
	Ild	rm	n	
I	dn	te	99	
4	× ×	ain	S	
=	=	10	nt.	
5	ref	1	rta	
=	cal	I	od	
Y	90	A	E	
-	d k	DE	>	
	Inc	L	Ve	
C	sho	111	3	
	L	15	Z	
>	to	AL	2	
-	na	0	A	
J	OF	ate	5	
1	Inf	8	CC	
	Je	P	0	
Ц	-	00	0	
	ten	sh	eni	
Y Y	=	S	E	
	er	CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified	statement of OCCUPATION is very important. See instructions on back of certificate.	
1	Ē	០	S	
WRITE I WITH UNFADING INN-11115 IS A LEMMANENT	BEvery Item of Information should be carefully supplied. ACE should be stated EXACTLY,			
	-			

Village or City The County (No.	St.: Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SER 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, OR DIVORGED (Write-she) with the start of DATE OF BIRTH	16 DATE OF DEATH 1930 (Year) 17 HEREBY CERTIFY, That I attended the deceased from 1930
	and that death occurred on the date stated above, at 5A m. The CAUSE OF DEATH * was as follows: CITEDRAL METALLALLA
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Marylland	Contributory Secondary of Check. (Duration) yes mos ds.
10 NAME OF FATHER Ullians J. Combon 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER FEMALUA CALLWARY 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. mos. ds. Where was disease contracted,
(Address) South Park Mark Mark Mark Mark Mark Mark Mark M	if not at place of death? Former or usual residence
Filed 715 1930 Landers, Registrar If more branks are needed, address State Registrar	20 UN BERTAKER ADDRESS LENGTH STREET ADDRESS LENGTH STREET ADDRESS LENGTH STREET ADDRESS ADDRE

(Approved by U. S. Census and American Public Health Association.)

er," etc., waren laborer, lahorer, farm laborer, are fulness of various pursuits can be known. The queshousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken (a) Foreman, whatever, write Nonc. business, that fact may be indicated thus; Farmer (r For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-9

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebraspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railreay train-"Atrophy," "Collapse," "Coma," "Convulsions, by " "Weakness," etc., when a definite disease Committee on Nomenclature

It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more banks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(If death occurred in

a hospital or institu-tion, give its NAME instead of street and

number.)

(Day).

In the

State

DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as μay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid use of "Tumor" for malignant neoplasms); Measles; "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No.

Ď

N. B

PLACE OF DEATH	STATE OF MARYLAND
County Cecil	CERTIFICATE OF DEATH
County	Registration Dist. No. 93
Village or City Big Ello (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Widowed. Or Divorced (Write the word)	Still Brown (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on
7 AGE Still born If LESS than I day hrs or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or	Ship Bear
particular kind of work	Jane 1 www.
business, or establishment in	(Duration) yrs, mos de,
9 BIRTHPLACE (State or country)	Contributory Secondary Duration) JYISds.
10 NAME OF FATHER John Crookham	(Signed) 71/31 Wegh ~ M.D.
11 BIRTHPLACE OF FATHER (State or country) (State or country) (State or country)	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sochie Zinger	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos ds. In the State yrs de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) John Cwokkan	usual residence
(Address) & Choten R 10 mg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF BURIAL OF BURIAL OF BURIAL OF BURIAL
15 June 4100 C P C 1	20 UNDERTAKER CODRESS
Registra:	CS. Grant Collaton md

ACCAS

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. tired 6 yrs). whatever, write None. work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed gaged in domestie service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a ," etc., For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the -Coal mine, etc. Wom-(b) Grocery;

Strtement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and eonsequences (e. g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonilis, can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopncumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mensles; (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal eondi Chronic valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH County Cecil	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 90
	Village or City Rising Smm (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
acr	3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. Marriel OR DIVORCED (Write the word)	16 DATE OF DEATH
	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from for 1930 to affil 1920, that I last saw h and alive on affil 1, 1930,
100000000000000000000000000000000000000	7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
Statement of Cook and Inputation of the Cook and Insurance of the Cook	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed Mar. 13 130 (Address) Registrar	(Duration) yrs. mos. ds. Contributory Morking and lunt mill Secondary unholy dust for mill (Signed) Durstion) yrs. mos. ds. (Signed) M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if nor at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL ADDRESS ADDR
0	Emit issued affile 23-1930	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation er," etc., without more previous falloner, Farm laborer, Laborer—Coal mine, etc. Womstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery: man, (b) Automobile factory. The material Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Snock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping peritonaeum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic Carcinoma, Sarcoma, etc., of etc. The valvular heart contributory disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1/ 1	02814
PLACE OF DEATH	STATE OF MARYLAND
County Cail	CERTIFICATE OF DEATH
c of L	Registration Dist. No.
Village or City Children (No. W.	Ward) (If death occurred In a hospital or institution, give its NAME instead of street and
2FULL NAME A Cray MAN	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male while SSINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Mahth) (Day) (Year)	that I last saw h in alive on the much 9 , 192, a
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Prombled of manning
(b) General nature of industry - business, or establishment in which employed or (employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Surge & Pully	(Signed) M. D.
IN BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the of deathyrsmosds, Stateyrsmosds,
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Longer Celly (Address) with East had	Former or usual residence
15 Filed Mch 11 19230 Johnson Frager	20 UNDERTAKER ADDRESS HOW Worth East
If more branks are needed, address State Registran	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Spinner, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. neer, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"Ethaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underapproved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condi

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

REAU

PLACE OF DEATH	07889 STATE OF MARYLAND
County Seech	CERTIFICATE OF DEATH
X ON	Registration Dist. No. 96
Village or City Jerry (No	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Frankspin	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 GEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED	16 DATE OF DEATH July 5, 1930
6 DATE OF BIRTH	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from
april 20 1875	april 5 180 July 5 , 130
(Month) (Day) (Year)	that I last saw hom alive on fully 3, 1884.
7 AGE If LESS than I dayhrs.	and that death occurred on the date stated bove, at
99 yrs. 1 mos. 13 ds. or min.?	
(a) Trade, profession or	Harroma of Mestines
particular kind of work	
(b) General nature of industry business, or establishment in	3
which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) yrs mos ds
10 NAME OF PATHER	(Gigned) J. H. Magraw M. D.
11 BIRTHPLACE	July 7 1930 (Address) Amjulle Ma
OF FATHER (State or country)	*State the Discase Causing Death, r, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of MOTHER MANGALET TOMAN	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the
(State or Country)	of deathyrsmosds. Stateyrsmosds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant adde 3 Cummy how	usual residence
(Address) Caryfrillel, Md.	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL JULY S., 193
Filed 192 Registrar	20 CONDERTANCE ATTURNS PERSONALE
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death "PUERPERAL septicaemia," "PUERPERAL peritonitis, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic etc. The contributory affection need not be valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ż

PLACE OF DEATH County Level	STATE OF MARYLAND CERTIFICATE OF DEATH
County Cecc	Registration Dist. No.
FULL NAME Select Thor	Ward) (If death occurred in a hospital or institu- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Witoweo. Withoute (Write the word)	16 DATE OF DEATH 5 H , 1930 (Month) (Day) (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from March 15 1920 to April 5 1870; that I last saw h 144 alive on April 5 1870,
AGE If LESS than I dayhrs. ormin.?	and that death occurred on the date stated above, at 9:30 A m. The CAUSE OF DEATH * was as follows: Saugrene A scratum.
occupation (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. 7 de. Contributory Chromis Majocarditis
(State or eountry) Cofford Ja	Secondary (Secondary) 718
10 NAME OF Holener Councils	(Signed) State M. D. april 5 1986 (Address) Eleton M.d.
OF FATHER (State or country)	*State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Judia Univro	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosdsdsds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of des. he
(Informant) Million Centre (Address) Celston, Ind.	19 PLACE OF BURIAL OR REMOVAL OF BURIAL OF SURIAL OF SUR
Filed My 5 - 19239 Formus Frager	20 UNDERTAKER HAPfin Elkton Md
If more banks are needed, addre.s State Registrar	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Solesman. (b) Grocery; (a) Foreman, (b) Automobile foctory. The material additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH giged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a loborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Housemuid, etc. If the occupation has been changed etc., For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (6)

Statement of Cause of Death—Name, first, the DISEALE (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ferm for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (néver report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Mcasles (disease use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by roilway truinand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Whooping cough; perilonaeum, etc., Carcinomo, Sarcoma, etc., ol . (name origin; "Cancer" is less definite; avoid interstitial nephritis, Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Cleel	CERTIFICATE OF DEATH
/ 0 ,	Registration Dist. No. 92
Willage or City Elklos, R. B.3 (No	
2FULL NAME Elizabeth F	St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)	0. 16 DATE OF DEATH accurber 19, 1930
6 DATE OF BIRTH aug 13, 1865	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year) 7 AGE (If LESS than	that I last saw het alive on 19 , 192
65 yrs. 4 mos. 6 ds. or min.?	and that death occurred on the date stated above, at 2 Pm The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	acute nephretis.
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos / ods
9 BIRTHPLACE (State or country) Perma	Contributory Secondary Stowach (Duration)
10 NAME OF FATHER Christian Bezold	(Signed) Tracesee m Johnson M. D. Dec 19 1920 (Address Rewark Del
OF FATHER (State or country) Service (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER lauette decenwood	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country) Generally	ients or Recent Residents) At place In the of deathyrsmosds, Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah?
(Informant) John & Gurry	Former or usus! residence
(Address) Feklow, Ind R3	Overry Feel Cemetry Dec. 23, 1930
15 Filed Co 20 19230 & Fraul Frage Registrar	20 UNDERTHER alemathy Beklery and
If more blanks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (re-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJURY Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

_	PLACE OF DEATH	
	County CO	126
Vil	lage or City Olyson (No. W	uu
	2FULL NAME alphosiso	
	PERSONAL AND STATISTICAL PARTICULARS	
3 5	SEX 4 COLOR OR RACE 5 SINGLE,	16 DA
R	Nale Colored Wildowscape (Write the word)	**********
6 [DATE OF BIRTH	17
	(Month) (Day) (Year)	that I
7 A	GE [If LESS than	and ti
	yrs. 2 mos. 3 ds. or min.?	The C
9,0	OCCUPATION	**************
	a) Trade, profession or articular kind of work	***************************************
	b) General nature of industry usiness, or establishment in	**********
=	rhich employed or (employer)	Co
9 E	(State or country)	5
	10 NAME OF FATHER	Signed
	11 BIRTHPLACE	1/00
RENTS	OF FATHER (State or country)	Vio
	12 MAIDEN NAME	Aec
PA	OF MOTHER Select Cashurative	18 LEI
- 1	OF MOTHER	At place
	(State or Country) THE ABOVE IS TRUE TO THE BESTADF MY KNOWLEDGE	Where
ı	THE VROAF IS INDE TO THE BESTACK WIT KNOWLEDGE	
14		Former
14	(Informant) Frank Daniel	Former usual re
14	The WAS	Former
14	(Informant) Frank Daniel	Former usual re

STATE	OF	MARY	YLAN	D
CERTIFIC	CAT	E OF	DEA	TH

(If death occurred in

Registration Dist. No.

3694

Taniels	tion, give its NAME instead of street and number.)			
MEDICAL CERTIFICATE	OF DEATH			
16 DATE OF DEATH OF COMMENTS	(Day) (Year)			
I HEREBY CERTIFY, That I a	bu 13, 1927			
and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:				
(Duration)	yrs. mos H ds.			
Contributory				
Signed) Signed) *State the Discase Causing Death Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	mos. de. M. D. Lind I and the from injury and (2) Whether			
18 LENGTH OF RESIDENCE (For Hospients or Recent Residents) At place In the ford death wish most described by the second				
Where was disease contracted, if not at place of death?	**************************************			
Former or usual residence				
Elkton Colored Constant	nor 15, 1934			
20 UNDERTAKER H. W. Pifpin	Elkton me			

If more bianks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

p . . .

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of worked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobilc factory. The material For persons who have no occupation

spinal meningitis"); Diphtheria (avoid use of "Croup" fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia" pneumonia, Bronchopneumonia ("Pneumonia

> approved by Committee on Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; Example: Measles (disease etc. The contributory affection need not be Nomenclature of the

answered in detail, it will prevent further correspondence. permanently filed. data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

No. 1 σå

PLACE OF DEATH	06603 STATE OF MARYLAND
County Cacl	CERTIFICATE OF DEATH
0 1 -11	Registration Dist. No.
Village or City Ger Carlanallo 2FULL NAME William W. De	St.: Ward) (If death occurred in a hospital or institution, give its NAME its stead of street and number.)
FOLL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.SEX 4 COLOR OR RACE SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH , 1950
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
3 17 189/	1929 to June 16, 1933,
(Month) (Day) (Year)	that I last saw h an alive on June 1951,
7 AGE If LESS than 1 day hrs.	and that death occurred on the date stated above, at
3 9 yrs. 21 mos. 2 f ds. or min.?	1
B OCCUPATION (a) Trade, profession or	Linkosis of Jeves
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) yrs. mos. ds.
Which employed or (employer)	Contributory Dog 19
9 BIRTHPLACE (State or country)	Secondary (Dursign) yes
10 NAME OF A A A A	(Signed) I mellach M. D.
FATHER William B. Daniels	June 17 1923 0 (Address) Carilton Ind
OF FATHER	
OF FATHER (State or country) 12 MAIDEN NAME	*State the lis ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary L. Vansant	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country Secil Co., Md.,	At place of deathyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea.h?
(Informant) Mary L. Daniels	Former or usual residence
(Address) Earleville Ind.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL June 18, 1980
15 Filed 6/18 192 Advan	Thu A Coffogi Cillin Ind
If more banks are needed, address tate Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re-tified 6 yrs). For persons who have no occupation Statement of Occupation-Precise statement of oc-.definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when necded. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH: Housemaid, etc. If the occupation has been changed g ged in domestic service for wages, as Scrvant, Cook, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully em-Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Dis-EACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death approved by Committee on Nomenclature of the stated unless important. use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease valvular heart discase; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

xact		PLACE OF DEATH			
7		County Cleel			
operly classified certificate.	Vil	Page or City Perry Pour No. ugus 2FULL NAME James a ha			
per	=	PERSONAL AND STATISTICAL PARTICULARS			
bo pr	38	EX 4 COLOR OR RACE 5 SINGLE,			
on ba	6 0	DATE OF BIRTH			
that It		May 31, 1878 (Monyh) (Day) (Year)			
	7 A	Jesus Strate Str			
plai nt.	10 P	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)			
DEATH in ry importa	9 5	(State or country)			
		10 NAME OF Meade Davidson			
CAUSE C	ENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 7 / . 14			
4	PAR	OF MOTHER Julia Wilts			
d state		OF MOTHER (State or country)			
340	14	(Informant) arms A. Davedson is			
CIAMS sho statement		(Address) 106 3 nd St. Very Point			
ပစ်	15	Filed 3/15 1930 L. F Sanders			

02815

166

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 96

NAME James a Das	a hospital or institu- tion, give its NAME in- steed of street end number.)	
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Widowed. White OR DIVORCED (Write the word)	16 DATE OF DEATH March /5 , 1980 (Month)— (Day) (Year)	
May 31, 1878 (Monyh) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decessed from Munch of 1930 to March (5, 1930), that I last saw him alive on March (5, 1830).	
yrsmosds.ormin.?	and that deeth occured on the date stated above, at	
ession or Merchant of work ure of industry ublishment in or (employer)	(suicide) carblic acid.	
try) Va.	Contributory From un formalion Secondary (Dyanima) yra, Regratical	
Meade Davidson	(Signey) Lauren Jaudens M. S. 17 1930 (Address) Percycle Mel	
AME Julia Wilts	Violent Cause, stone (1) Means of injury and (2) where Accidental Sundate Committee (For Hospitals, Institutions, Trans-	
ountry) Va	ients or Recent Residents) At place In the of death yrs mos. ds. State yrs de.	
armes A. Davidson	if not at place of death? Former or usual residence	
106 3 nd St. Very Point	armoile va. March, 1932	
15 1930 L. J Sanders Registral	R. Madison Mitchell Navedetra	
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, er," etc., without more precise specification as Day worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective or fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Physician, Foreman, For many occupations a single word or term on Farm lahorer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. Compositor, Architect, Locomotive engineer, who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material But in many (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Indoor yneumonia. Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcomu,, etc., of tetanus) may be stated under the head of "contributory" carbolic acid-probably suncide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse." "Coma," "Convulsions," .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Nomenclature of the Chronic valvular heart disease, and consequences (e. g., sepsis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the cartificate is permanently filed.

-Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WITH UNFADING INK--THIS IS A PERMANENT BINDING MARGIN RESERVED FOR WRITE

V. S. No. 1

E3

Village or City Elector (No. 2) 2FULL NAME John R Davis	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) St.: Ward) St.: Ward) St.: Steed of institution, give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White SINGLE. MARRIED, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH Aug /2 1840	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from Jan 1 1930. to 4, 1920,
7 AGE (Yonth) (Day) (Year) 7 AGE If LESS than day hrs. or min.?	that I last saw h alive on 1920, and that death occurred on the date stated above, at 12, 10, fm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER 14 Davidsour 15 BIRTHPLACE OF MOTHER 16 DAVIDED 17 DAVIDED 18 BIRTHPLACE OF MOTHER OF MOTHER 18 BIRTHPLACE OF MOTHER 19 DAVIDED 10 DAVIDED 11 BIRTHPLACE OF MOTHER 11 BIRTHPLACE OF MOTHER 12 DAVIDED 13 BIRTHPLACE OF MOTHER 14 DAVIDED 15 DAVIDED 16 DAVIDED 17 DAVIDED 18 DAVIDED 18 DAVIDED 18 DAVIDED 18 DAVIDED 19 DAVIDED 10 DAVIDED 10 DAVIDED 10 DAVIDED 10 DAVIDED 10 DAVIDED 10 DAVIDED 11 DAVIDED 12 DAVIDED 13 DAVIDED 14 DAVIDED 15 DAVIDED 16 DAVIDED 17 DAVIDED 18 DAVIDED	(Signed)
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Was John R. Davidson (Address) Letter by Rd 3 Filed MU 25 1920 American Fregistran If more banks are needed, address Ltate Registran	of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Bethel Cerutary had Jan 47, 1932 20 UNDERTAKER ADDRESS ELKton, Md. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, g. ged in domestic service for wages, as Scrvant, Cook, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womms). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many (b) Grocery;

Statement of Gause of Death—Name, first, the DIS-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted, teem for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid uso of "Croup"); Typhbid fewer (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> atic), "PUERPERAL septicacmia," "PUERPERAL peritonitis, "Enhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopncumonia (secondary) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcastes; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi or intercurrent) Chronic valvular heart disease etc. The contributory affection need not be Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING	PERMANENT	
α	X	
FOR	IS	
SIN RESERVED	ADING INKTHIS IS A PERMANENT	

1PLACE OF DEATH CountyCecil	STATE OF MARYLAND 05421 CERTIFICATE OF DEATH
U.S. Veterans' Hospital.	Registration Dist. No. 96
Village or City Perry Point, Md. (No	St: Ward) (If death occurred in a hospital or institu-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Single	16 DATE OF DEATH May 26 , 19230
6 DATE OF BURTH	17 I HEREBY CERTIFY, That I attended the deceased from
May 18 , 1 887 (Month) (Day) (Year)	that I last saw him 182 on May 26, 192 , 192 , 192 , 192 , 192 , 193 , 193 , 193 , 193 , 193 , 194 , 195 , 1
(a) Trade, profession or particular kind of work (b) General nature of industry	The CAUSE OF DEATH * was as follows: Heart Failure from fatty degeneration and arteriosclerosis, occurring in swimming pool.
business, or establishment in which employed or (employer) Perry Point Hos pi	Contributory Dementia Praecox, Catatonic
(State or country) Pennsylvania 10 NAME OF FATHER U 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) A THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Perry Point Hospital Record	Secondary Type (Duration) 3 yrs. mos. ds. (Signed) May 26 1930 (Address) Elkton, Md. *State the Viscas Causing Death, on in deaths from Violant Causes at the Means of Injury and 2 Whether Agendental Subject of Means of Injury and 2 Whether Agendent Subject of Means of Injury and 2 Whether Agendent Subject of Means of Injury and 2 Whether Agendent Subject of Means of Injury and 2 Whether Agendent Subject of Means of Injury and 2 Whether Agendent Subject of Means of Injury and 2 Whether Agendent Subject of Means of Injury and 2 Whether Agendent Subject of Means of Injury and 2 Whether Agendent Subject of Means of Injury and 2 Whether Agendent Subject of Means of Injury and 2 Whether Agendent Subject of Means of Injury and 2 Whether Agendent Subject of Means of Injury and 2 Whether Agendent Subject of Means of Injury and 2 Whether Agendent Subject of Means of Injury and 2 Whether Agendent Subject of Means of Injury and 2 Whether Agendent Subject of Means of Injury and 2 Whether Agendent Subj
(Address) Perry Point, Md.	Undertaker: Frank Burke, June 2, 1930 20 UNDERTAKER ADDRESS

Registrar

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Grace, Md.

Havre

Pennington & Son.

WRITE

23

(Approved by U. S. Census and American Public Health Association.)

en at home, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully emwho are engaged in the duties of the (b) Automobile factory. The material Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Cruup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "(Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is loss definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mercly symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), by Committee on Nomenclature cough; Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

,		PLACE OF DEATH	STATE OF MARYLAND
	,	County	CERTIFICATE OF DEATH
		h St	(129) Registration Dist. No. 97
./	Vill	lage or City /Ear Collowno.	St.: Ward) (If death occurred in a hospital or institu-
T E		2FULL NAME Martha E	Daws tion, give its NAME in- stead of street and number.)
cert		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	3 5	7. 4 COLOR OR RACE SINGLE, MARRIED MARRIED OR DIVORCED (Write the word)	16 DATE OF DEATH 2 (, 193 C (Month) (Year) (Year)
ons on p	6 0	Tub-16, 1814 (Month) (Day) (Year)	that last saw h rative on Efft 2 1, 1924
rot	7 A	GE If LESS than	and that death occurred on the date stated above, atm,
stri	the state of	7 2 1 1 dayhrs.	The CAUSE OF DEATH * was as follows:
=	-	yrs. mos. ds. or min.?	A DE DE MILE
See	18	Trade, profession or Pulcial articular kind of work	Karone July Seleas reprices
1;		o) General nature of industry	
tar		usiness, or establishment in hich employed or (employer)	(Durstion)yrsds.
mpor	9 B	(State or country)	Contributory Secondary (Duration) A vis
7		10 NAME OF	(Signed)/ John Dewner M. D.
A		FATHER Morrevel	18th 1 323 (Adress) nework IE
N is	NTS	11 BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
0	REA	(State or country) W reen	Accidental, Suicidal or Homicidal.
PAT	PAF	OF MOTHER Morecul	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
CO		13 BIRTHPLACE	At place
000	- 1	OF MOTHER (State or Country) Au reed	of death yrsds. State yrsds.
of C	14 1	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
nto		A11. 11.10 Mail	Former or usual residence Muyan III
me		(Informant) Westery C. posts	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
statem		(Address) Mereal of	Sales Dul. Lyrs 10 30
sts	IS	J. 11 nul 20 2 12 14 14 19 19 19	20 UNDERTAKER ADDRESS
		Filed IN 19 19280 FORMING Registrar	17. Jours mercay
		If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner (b) Cotton mill; (a) Salcsman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH; to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Serunt, Cook, laborer, etc., Foreman, (b) Automobile factory. The material 6 yrs). or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a Farm luborer, Laborerwithout more precise specification as Day For persons who have no occupation single word or term on Coul mine, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria 'avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmcumonia ("Pneumonia,")

permanently filed.

answered in detail, it will prevent further correspondence.

data is essential and must be obtained before the certificate in

approved by Committee on Nomenclature tetahus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicuenita," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile,"-etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease earbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS State MEANS OF INJURY tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of If this certificate is looked over thoroughly and all questions "Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory

PLACE OF DEATH	09118 STATE OF MARYLAND
County Col	CERTIFICATE OF DEATH
E1117	Registration Dist, No. 92
Village or City Oklow (No. Wo.	More Horsetal Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME Joseph	Deak stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, MARRIED WIDOWED. OR DIVORCEMENT Gle (Write the word)	16 DATE OF DEATH Aug 3 (, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH 9 12, 1909	17 I HEREBY CERTIFY, That I attended the deceased from 30 1920 to 30 , 1920 , that I last saw har alive on 30 , 1920 ,
7 AGE (Month) (Day) (Year)/	and that death occurred on the date stated above, at 130 A.m.
20 yrs. // mos. 9 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Hemontoge of trans
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Durstion)ds.
9 BIRTHPLACE (State or country) Hungary, Ocerop	Contributory Secondary (Dufation) des mos de des
10 NAME OF SOLL De Olo	(Signed) toward le, theen M. St.
OF FATHER (State of country) Hungon, Curve	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Meaos of lojury and (2) Whether
of NOTHER Cha Cherreckey	Accidental, Suicidal or Homicidal. 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE HIMAGO, GEROLO	At plane In the State yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Joseph Deak	Former or usual residence
(Address) Kolosbey, M. J.	Putto antoy n. f. Sept 2, 1930
15 File Aug 31 19230 Hauss Freyer	20 UNDERTAKER Phase Flater Md
	, 16 W. Santoga St., Balto, Edquesting V. S. No. 1.

(Approved by U. S. Census end American Fublic Health Association.)

definite salary), may be entered as Housewife, Houseer," etc., Without more preum rallaborer, Farm laborer, Laborer—Coul minc, etc. Womlaborer, Farm laborer, Etc. Womlaborer, Etc. Womlaborer, Farm laborer, Etc. Womlaborer, E Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH, For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid faver (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopnamonia ("Pneumonia,");

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol telanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis, atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "A naemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as Nomenclature of the

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH	09119 STATE OF MARYLAND
	County Coul	CERTIFICATE OF DEATH
	Endla-	Registration Dist. No. 92
	Village or City (No. No. 2FULL NAME	(If death occurred in a hospital or institu- tion, give its NAME in- stend of street and
	2FOLL NAME	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White Single, MARRIED WIDOWED OR DIVORCES IN GREEN THE WITH WITH WORLD OR DIVORCES IN GREEN THE WORLD OR DIVORCE THE WORLD OR DIVORCE THE WORLD OR DIVORCE THE WORLD OR DIVORCE THE W	16 DATE OF DEATH aug 31, 1930
	6 DATE OF BIRTH	(Month) (Day) (Year)
	3 23 1911	ang 30 130 10 ang 31, 130,
	(Month) (Day) (Year)	that I last saw h alive on 3 (, 1920 ,
1	7 AGE [If LESS than	and that death occurred on the date stated above, at 12 50 m.
	19 yrs. 5 mos. 6 ds. or min.?	The CAUSE OF DEATH * was as follows:
8	BOCCUPATION	Internal hemonhos
	(a) I rade, profession or Alborer	
I	(b) General nature of industry business, or establishment in	(Duration) vs. mos de.
Y	which employed or (employer)	Contributory authority accesso
	9 BIRTHPLACE (State or country)	Secondary
	10 NAME OF	(Signed) Award Wilson Wilson
	FATHER TERMEN NEAR	831 1930 (Address) Elselow Md
	U) 1	*State the Piscase Causing Death, or, in deaths from
	OF FATHER / (State or country) 12 MAIDEN NAME OF FATHER / OState or country) OUT DE COUNTRY OUT DE COUNTR	Violent Causes, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	a of morning julianas	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At pisce In the of death yrs. mos. ds. State yrs. mos. ds.
	(State or Country) / V Considered, Selency,	Where was disease contracted, it not at place of dea h?
	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
	(Informant) Dayon Weath	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Klockey, M.	Perthambon n. D. Sept 2 1000
	Filed Clug 31 19230 Johann Frager	20 UNDERTAKER PART STATES
		, 16 W. Saratega St., Balto., Luesting V. S. Ivo. I.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Flanter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective cl Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many Locomolive engineer,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Deblity" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shook," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st..ted unless important. use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonities," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondar or intercurrent) affection need not be st. ted unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No.1

20

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County 6 Col	CERTIFICATE OF DEATH
o Al L	(129) Registration Dist. No.
Village or City Worlheast (No	St.; Ward) (If death occurred in a hospital or institu- tion, give its NAME is - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH , 192 (Month) (Day) (Year)
B DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920. to 1920. That I last saw h & alive on Court 3 1920.
7 AGE State	and that death occurred on the date stated above, at A. A. M. A. m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. f mosds.
9 BIRTHPLACE (State or country)	Contributory Shi our face of mestal the Secondary William (Duration) yrs mos ds.
10 NAME OF FATHER Wakeman Satchell	(Signed) (Address) Elitoria
OF FATHER Z (State or country)	*State the l'isease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Martha Baker	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the State yrs mos ds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Address) A sty Carl Md	Month East M. C. Churtey Sept 4, 1930
Filed 7- 3- 30 192 Sto W. Quests Registras	Joseph of Grown north East Med
If more hanks are needed, addre s ! tata hegistras	12 W. Saatoga St., Balto., Lequesting V. S. Ivo. 1.

.,

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Sulesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g.. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement.
Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Civil engineer, Stationary freman, etc. But in many or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st.ted unless important. unqualified, is indefinite); Tuberculosis of lungs, men-ingts, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY menhritis, etc. The contributory Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	CE OF DI			E - HOUSE
County	Ceci	<i>L</i>		W. F.
			- 4017	HIN DEBACEY
	- 50	pton		11.
Village or	City City			Junio
	50.00	Ch	ot na	0
	FULL NAM	E 74	o c na	med
PER	SONAL AN	D STATIS	TICAL PARTIC	ULARS
SEX	4 COLO	OR OR RACE	SINGLE.	
20		ite	WIDOWED.	
nace	2114	ne	OR DIVORCE	(b)
B DATE OF	BIRTH	_		
	(7,	-11	
		tou,	24	, 1930
	La 2011	(Mont	h) (Day)	(Year)
AGE				If LESS than
	4	vrs. O		l day O hrs.
		yrs.	mos. O	e. or <i>Q</i> min.?
OCCUPAT	ION .		_	
(a) I rade	, profession kind of wor	or C	h	
	al nature of		one	
business,	or establishm	ent in	- 4	
which em	ployed or (em	ployer)		
BIRTHPL	r country)	n	yland	
(State 0	r country)	man	yeared	
10 NAM		n 10	4	
FATH	ER	m R.	Dean	
	HPLACE			
OF F	ATHER to or country)	She	lawa	
12 10	DEN NAME	0,-	- Cura	re .
OF M	OTHER	Elen	rbeth Pa	unell
10 0100	HPLACE			,
13 BIK		~ ~ ~		
		Min		
OF M	OTHER te or Country)	Ma	mylane	1
OF M (Sta	OTHER te or Country)		1	•
OF M	OTHER te or Country)		ylane	•
OF M	THER te or Country) VE IS TRUE		1	
OF M (Sta	THER te or Country) VE IS TRUE		1	
OF M (Sta	THER te or Country) VE IS TRUE		1	
OF M (Sta	te or Country) VE IS TRUE nant)		1	
OF M (Sta	te or Country) VE IS TRUE nant)		1	•

STATE	OF	MARY	LAND	
CERTIFIC	CATE	OF	DEATH	1

Registration D

Registration Dist. No.

3695

If more banks are needed, addre. s Ltate Registrar, 16 W. Seratoga St., Balto., Requesting V. S. I.o. 1.

u Horfetelst: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	24 , 1980
17 - I HEDERY CERTIES That I am	(Day) (Year) (Year)
Nov 24 1930 to 24	00 24 1930
that I last saw h alive on	, 192,
and that death occurred on the date stated	
The CAUSE OF DEATH * was as follows	
Premating for	the
	. 4000000000000000000000000000000000000
(Duration)	yrsds.
Contributory Criminal a	borlion
(Signed) (A. 1) Morris	
9100-25 1930 (Address) Elle	ton med
*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	
18 LINGTH OF RESIDENCE (For Hospi	tals, Institutions, Trans-
At place of deathyrsmos,ds. In the	eds.
Where was disease contracted, it not at place of dea h?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	Nov 2 . 1930
20 UNDERTAKER	ADDRESS
20 UNDERTAKER S	

CIANS should

m

ż

WRITE

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g. Farmer or Planter, tion applies to e.ch and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Foreman, For many occupations a single word or term on (b) Automobile factory. The material

Strtement of Cause of Death—Name, first, the discrete causing death (the primary affection with respect to time and causation), using always the same accepted term for the same discrete. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia gerebros, inal meningitis"); Diphtheria (avoid use of "Cloup"); Typhoid fever (never report "Typhcid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tglanus) may be stated under the head of "contributory." State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection need not be Whooping cough; Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, approved by Committee on Nomenclature American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic etc. The contributory valvular heart disease; of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the dita is essential and must be obtained before the certificate is permanently filed.

Every item of internation should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be a coperly classified. Exact statement of OCCUPATION is very important. See instructions on back of dectificate. PERMANENT BINDING K FOR AINLY, WITH UNFADING INK-THIS IS MARGIN RESERVED

WRITE

1 2

S. No. 1

PLACE OF DEATH	04150 STATE OF MARYLAND
County COUNTY	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Uulds (No	St.: Ward) (If death occurred in a hospital or institu-
0 000 00	tion, give its NAME in- stead of street and
2FULL NAME OULAND TOUSON	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 , 192) that I last saw h Malive on 1920,
7 AGE SH yrs. 5 de. or min.? 8 OCCUPATION (a) Trade, profession or R. f.	The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs ds.
9 BIRTHPLACE (State or country) Mary loud 10 NAME OF G FATHER	Contributory Secondary (Duration) (Signed) (M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME	*State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MANY COTA 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Marky land	At place of deathmosds. In theyrsmosds. Where was disease contracted,
(Informant)	if not at place of dea.h? Former or usual residence
(Address) Olklon, Mil 192	20 UNDEBTAKER ANDESS 1980
Registras	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needcd. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Piysician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a Housemuid, etc. If the occupation has been changed report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many person, irrespective of

Statement, of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on "Enhaustion," "Heart failure, Haemonnage, "Shoek," "Shoek, causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," ete., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-," "Heart failure," "Haemorrhage, Chronic valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

PEACE OF DEATH	STATE OF MART
County le cel	CERTIFICATE OF
Mitain goaron	Registration Dist. No
Village or City Elkton (No	2 JA
Village or City (No.	a hosp
2 FULL NAME Trivin H. Weil	ert stead number
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
Male While White Single Married (Write the word)	(Month) (Day)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended th
(Month) (Day) (Year)	that I last saw halive on 36 9
AGE (Nonth) (Day) (Feat)	
65 yrs. mos. de. I day hr	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or Retired	(Cordiac dilatation
particular kind of work	***************************************
(b) General nature of industry business, or establishment in ship builder	(Duration)yrs
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary (Duration)
10 NAME OF	(Signed) Herbert 120les
FATHER Stewny Deubert	- 410 130 (Address) Elation
OF FATHER Z (State or country)	*State the lisease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Sarah & Heiser	18 LENGTH OF RESIDENCE (For Hospitals, Inc
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country)	of deathyrsds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, it not at place of dea.h?
Walter Deibert	Former or usual residence
(Address) Elkton ml	19 PLACE OF BURIAL OR REMOVAL DAT
15 Jahren 20 & Barrel Jan	20 UNDERTAKER ADDR
Filed Tell 1 1920 7 Tell Registrat	A Whitpie Us
If mure hanks are needed, addre a State Kegisti	ar, 16 W. Saratoga St., Baito., Requesting V. S. I.o. 1.

	01523
WITEW CORPOR	90
(No. H. Dei	bent

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

S	t.:		W	ard)
		,		

(If death occurred in a hospital or institu-tion, give its NAME is

2 FULL NAME Trivin H. Weibe	atead of street and number.)
RESONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
White Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH From 9 , 1930 (Month) (Day) (Year)
(Month) (Day) (Year) (Solution of the second of the secon	that I last saw halive on 1920, to 9, 1930, and that death occurred on the date stated above, at 6, m. The CAUSE OF DEATH * was as follows:
ATION de, profession or retired ar kind of work retired	(Cordia dilatation)
neral nature of industry s, or establishment in ship builder employed or (employer)	(Duration)
AME OF Herry Deibert RTHPLACE FATHER PLACE PLACE PLACE RTHPLACE FATHER	(Signed) (Address) (Address) (Address) (Salar Causing Death, or, in deaths from
State or country) Verna AIDEN NAME F MOTHER Sarah & Heiser	*State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
IRTHPLACE F MOTHER State or Country)	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
BOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Ormant) Walter Deibert	if not at place of dea.h? Former or usual residence
(Address) Elkton m	Elkton Ceretary 7 12 1934
Fell 12 19230 & Frank Brown	20 UNDERTAKER SURFIE ELKtone Zul

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesmon. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, state occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Cook, Housenwid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emwhatever, write None. business, that fact may be indicated thus, Farmer (reto report specifically; the occupations of persons enployed, as At school, or At home. Care should be taken Never rcturn "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH, For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

spinal meningitis"); Diphtheria; (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal EASE, TAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> American Medical Association.) "(E:haustion," "Heart failure, "Liaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved, by Committee on Nomenclature of the telaitus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely (secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory affection need not be

data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. permanently filed.

N. B.—Every Item of Intermation should be carefully supplied. ACE should be stated EXACTEY, PHYSICIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD AINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING MARGIN RESERVED FOR WRITE

V. S. No. 1

PLACE OF DEATH	01526 STATE OF MARYLAND CERTIFICATE OF DEATH
Colo T	CENTIFICATE OF BEATH
Village or City Cellu (No	Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Wite Of Write 150 WORD	16 DATE OF DEATH 1 192 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw home arree on 192 that I last saw home arree on 192 to 192
7 AGE / O yrsmosds. If LESS than I dayhrs. ormin.?	and that death occurred on the date stated above, at // 4 Am. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	academbier spinel y automobile
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds,
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) vs. mos de.
FATHER Waller N. Deiberr	(Signed) the Cultureles M. D.
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causing, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homisidal
of Mother law Prown 13 BIRTHPLACE OF MOTHER 7	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrs
(State or Country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Walter Deebest	Former or usual residence
(Address) Elklow, Ma	Eltton Cervely Taby 4, 1938
Filed Felle 4 19230 Francis Boyer Registrar	20 UNDERTAKER 24 Elkton Zul
If more blanks are needed, addre a State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion amplies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, hou ehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,");

American Medical Association.) Recommendations on statement of cause of "tetanuls) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Enhaustion," "Heart failure," "Haemorrhage," stated unless important. use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonitis," diseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcona, etc., of approved by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE

H. ż

1.4	0.4	151
	PLACE OF DEATH County Cecil	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. 92
Vil	lage or City UClow (No. 413 M	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	SEX A COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH 4, 192 36
=	DATE OF BIRTH	(Month) (Day) (Year)
6 1	ale of Birth	192 . to
	(Month) (Day) (Year)	that I last saw halive on, 192
7 4	GE IIf LESS than	and that death occurred on the date stated above, at/
	I day o hrs.	The CAUSE OF DEATH * was as follows:
Op ()	or min.? or min.?	Attl brith (Duration) yrs. mos. ds
	SIRTHPLACE (State or country)	Contributory Secondary
S	10 NAME OF C. Ellis Dribert 11 BIRTHPLACE	(Signed) (Address) (Signed) (Address) (Address) (Signed) (Address)
ENTS	OF FATHER (State or country)	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER Ruth n. Lebengord	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place in the ol death yrs inos ds. State yrs da
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h? Former or usual residence
	(Informant) (Address) Elfclos hd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Premises 4/4, 1933
15	Filed Up 5 192 30 Fraus Fraus Registras	20 UNDERTAKER ADDRESS
	If more banks are needed, address Ltate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. g ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, nature of the business or industry, and therefore an Pigsteian, Compositor, Architect, Locomotive ongineer, Civil engineer, Stationary fireman, etc. But in many tl'c first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (re-Howsemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (3) Grocery; Wom-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> letanus) may be stated under the head of "eontributory." "PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and eonsequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuny "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1970

r	14	
4	ś	
2	7	
0	ź	
	á	
>	Þ	

PLACE OF DEATH	STATE OF MARYLAND		
County County	CERTIFICATE OF DEATH		
- MA 12 D #5	Registration Dist, No.		
Village or City (No	St: Ward) (If death occurred in a hospital or institution, give its NAME isstead of street and number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 192 (Month) (Day) (Year)		
6 DATE OF BIRTH 7 52. 2 214 , 1930 (Month) (Day) (Year)	that I last saw h six alive on D St. 7, 192 d.,		
7 AGE If LESS than I day hrs. ds. or min.?	and that death occurred on the date stated above, at		
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Frema fine Buly.		
business, or establishment in which employed or (employer)	(Duration) vrs		
9 BIRTHPLACE (State or country) may land.	Contributory Secondary Durahop yrs mos ds,		
10 NAME OF Ellew DE Cong.	(Signed) Jan M. D.		
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
of MOTHER Berther Rocke	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)		
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?		
(Informant) Burstha Dy Long	Former or usual residence		
(Address) Ellet R.D. 45	by Parce of Burial OR REMOVAL DATE OF BURIAL DEC 2, 1920		
Filed DEC 1 9 192 Frauel Fray	20 UN DERTAKER ADDRESS		
If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. I.o. I.			

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective ci whatever, write None. Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation 6) Grocery,

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

931

or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL pertionitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is lcss definite; avoid use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by tions, such as "Asthenia," "Anaemia" (mercly symptom-(secondar) or intercurrent) affection need not be st-ted unless important. Example: Measles (disease (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH classified. Registration Dist. No. Ward) property STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE. 16 DATE OF DEATH MARRIED WIDOWED. OR DIVORCED (Write the word) aftended the 8 DATE OF BIRTH (Month) (Day) IIf LESS than 7 AGE I day hre. The CAUSE OF DEATH * was as follows: (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in 2 which employed or (employer) MARGIN 9 BIRTHPLACE (State or country 10 NAME OF 11 BIRTHPLACE the Disease Causing Death, or, in HZ Violent Caus s, state (1) Means of Injury Accidental, Suicidal or Homicidal. (State or country) 2 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLAC At place In the Where was disease contracted, if not at place of death?. 14 THE ABOVE Every Item CIANS sho statement Former or usual residence If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in a hospital or institution, give its NAME ir-stend of street end

number.)

and

DATE OF BURIAL

BINDING

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples : (a tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health tired 6 yrs). state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremon, etc. But in many the first line will be sufficient, e. g. Farmer or Plunter, Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Deal-Physician, " etc., without more precise specification as Day For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Wom-Compositor, Architect, For persons who have no occupation Locomolive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia: Bronchopneumonia ("Pneumonia";

diseases resulting from childbirth or miscarriage as "PUERPERAL seplicacmia," "PUERPERAL peritonitis," etc. "Uraemia, "" "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure, Liaemonnage, "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage, atie), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (mercly symptomstated unless important. Example: Measles (disease (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Curcinoma, Sarcoma,, etc., et (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telunus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condideath), 29 ds.; Bronchopmeumonia (secondary), cough; Chronic valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the cartificate is permanently filed.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

and (2) Whether

ADDRESS

number.)

(Day)

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed nork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write Nonc. to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-For persons who have no occupation

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DISfever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Typhoid feecr (never report "Typhoid Pneumonia"); Broncho pneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease stated upless important. (secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on American Medical Association. carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopncumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (Recommendations on "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condistatement of cause of death Example: Measles (disease on Nomenclature of the



WRITE ANITY, WITH UNFADING INK--THIS IS A PERMANENT ECORE.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact SCORE MARGIN RESERVED FOR BINDING

V. S. No. 1

- 1		
	PLACE OF DEATH	66604 STATE OF MARYLAND
	a company	() () () X
	County Call	CERTIFICATE OF DEATH
	17 011	182) D D. N. (47)
	near Call-	Registration Dist. No.
	Village or City Olklow (No.	(If death occurred in
6	Village or City 9 1000	St: Ward) a hamital or institut
a	(Author)	a VO AFT 220 stead of street and
Fic	² FULL NAME	number.)
=		
9	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
t c	3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
0	MARRIED, WIDOWED.	June 2/ , 1980
5	Temale White Write the wings	
ba	Write the wirty	(Month) (Day) (Year)
_	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
0	May 49 .918	
Su.		that I last saw her alive on 6/27, 1933
ion	(Month) (Day) (Year)	that I last saw no carres on
o	7 AGE [If LESS than	and that death occurred on the date stated above, atm.
5	11 1 02 1 day hrs.	The CAUSE OF DEATH * was as follows:
35	yrs. pos. Ods. or min.?	From enformation -
=	8 OCCUPATION	
99	(a) Trade, profession or	
S	particular kind of work	accelental Olowning
# 1	(b) General nature of industry	
a	business, or establishment in which employed or (employer)	yremoede.
port		Contributory
g	9 BIRTHPLACE (State or country)	Secondary
Ē		(Duration) yrs mos yds
7	10 NAME OF	(Signed) Sparell Source M.D.
Ve	FATHER SON I WEVENE	(Signed)
ഗ	11 BIRTHPLACE	
z	OF FATHER WA	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
0	Z (State or country)	Violent Cases, state (1) Means of Injury and (2) Whether Accidental, Suicidal of Homicidal.
F	E 12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
A C	of MOTHER Melle Consent	ients or Recent Residents)
5	13 BIRTHPLACE	
00	OF MOTHER ma	At place of death yrs mos de.
ŏ	(State or Country)	Where was disease contracted,
o f	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
=	1 1 1	Former or usual residence
en	(Informant) The I alvine	
statemen	A Galin	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
ate	(Address) Blklow Ma Os	Oklon Cemetery June 29, 1926
ete	- 1 - 00 10	20 UNDERTAKER ADDRESS
	15 Filed July 28 1930 / Mayer Mayor	21 24 811- 8011
	Registrar	N. N. Jopen Cheon Ma.
	If more banks are needed, address tate Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease taken. For VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway train— (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH

(If death occurred in a hospital or institu-St.: Ward) tion, give its NAME innumber.) That lattended the deceased from and that death occurred on the date stated above, at *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the DATE OF BURIAL ADDRESS

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housestate occupation at beginning of illness. If retired from work, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer Age or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Cure should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write Nonc. Housemaid, etc. If the occupation has been changed to report or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Womeman, (b) Automobile factory. The material on may form part of the second statement. lurn"Laborer,""Foreman,""Manager,""Deal-(b) Cotton mill; (a) Salesman, without more precise specification as Day specifically the occupations of persons en-For persons who have no occupation Stationary freman, etc. But in many (b) Grocery,

Statement of Cause of Death—Name, first, the Disease causing Death (the primary affection with respect to time and causation), using always the same accepted to the for the same disease. Examples: *Corebvapaul fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); Typhaid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,");

(Recommendations on statement of cause of tetimus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature of the carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar/ or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e g., sepsis, "Uraemia," "Weakness," etc., when a definite disease Examples: Accidental drowning; Struck by railway train "Atrophy." "Collapse." "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcomu, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS STATE MEANS OF INJURY (name origin; "Cancer" is less definite; avoid valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3

V. S. No. 1

County Cecul CERTIFICATI	07
County Cecul CERTIFICATI	E OF DEATH
WE THIN TO INSTELL OF THE OWNER.	07
Registration	Dist. No.
Village or City Colone (No. Ward Hortself) Ward	
2FULL NAME J. Freaudhie Diggs	tion, give its NAME ir stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE	OF DEATH
Male White Single, widowed or Divorceo (Write the word) 5 SINGLE, MARRIED, WIDOWED OR DIVORCEO (Write the word)	(Day) (Year)
6 DATE OF BIRTH 17 I HEREBY CERTIFY, That I at	
Come 31 18/4 - June 23 130, 10 Ju	Dee 7 the 1923 0
(Month) (Day) (Year) that last saw handalive on the	- 0 xee 19230
7 AGE If LESS than and that death occurred on the date state	debove, at 1:30 Qm,
ds. or min.? The CAUSE OF DEATH * was as follows:	
B OCCUPATION de lor min.	9.00
(a) Trade, profession or	ed Iduction
particular kind of work Insurance Ligant.	··,··
business, or establishment in	wown. de.
which employed or (employer) Contributory	
9 BIRTHPLACE (State or country)	
10 NAME OF (Signed) (Signed) (Signed)	M.D.
11 BIRTHPLACE 1980 (Address) (All	bolate my
OF FATHER (State or country) 2a. OF FATHER Violent Causes, state (1) Means of 1 Accidental Suicidal or Homicidal.	, or, in deaths from njury and (2) Whether
of Mother Chyateth Warren 18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	
13 BIRTHPLACE At place In th	
of death	ateyrsmosds.
Where was disease contracted, if not at place of dea h?	
(Informant) J. Franklin Diggs L. Former or usual residence	se ma
(Address) 506 Baltimore Che 19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Address) Joyn to May donder lask henry me	ADDRESS
Filed July 7 192 30 Ja Fraces Frace 20 UNDERTAKER N. W. Palshin	Elklon Md,
If more b.anks, are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of octired 6: yrs). fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (redefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer--Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Stationary fireman, etc. But in many Automobile factory. The material Locomotive 6) engineer, Grocery;

Statement of 'Cause of Death—Name, first, the pissame Gausyng-Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. "Exhaustion," "Heart failure," "Ilacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anacmia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train taken. For VIOLENT DEATHS State MEANS OF INJULY American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic valvular heart disease; Example: Measles (disease "Senile," etc.), "Dropsy, failure," "Hacmorrhage, etc. The contributory

PHYSI-

1 DI ACE OF BEATH	0/891
PLACE OF DEATH	STATE OF MARYLAND
County COCCO	CERTIFICATE OF DEATH
1 Antiska t	Registration Dist. No. 96
Village or City The Late Over	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME Mach Josephin	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 CEY AL COLOR OF PACE 5 SINGLE. 70	16 DATE OF DEATH
Hute Married Wildowed. White OR DIVORCED (Write the word)	(Yorth) (Day) (Year)
6 DATE OF BIRTH	I HERESY CERTIFY, That I ttended the deceased from
June 10 1875	July 16 1000 to they 16, 1920
(Month) (Day) (Year)	that I last saw h alive on 19270
7 AGE If LESS than dayhrs.	and that death occurred on the date stated above, at
55 yrs. / mos. / ds. or min.?	R 1 1 2 1
B OCCUPATION 1	Chaloball.
(a) Trade, profession or particular kind of work	Bosnot 10 1 -1
(b) General nature of industry	Chillen Fresancy.
business, or establishment in which employed or (employer)	(Duration)yrsmosds,
9 BIRTHPLACE (State or country) AMAGINANA Va	Contributory Secondary
10 NAME OF A ALL O	Office of the state of the stat
FATHER J. W. Cassell	(Signed)
OF FATHER	*State the Disease Causing Death, or, in deaths from
(State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER ALAT RECOGNE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of deathmosds. Stateyrsds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
Xiloren nos Home	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) (OUV) A GARDON, WGG	Calverton Va July 27,930
15 Filpely 27 1982 Handers Registrar	1. Madison Michell Navide
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Grace MR.

13 MY CO O 1

V. S. No. 1

N. E.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic etc. The contributory affection need valvular heart not disease;

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD Y, WITH UNFADING INK--THIS IS A PERMANENT BINDING MARGIN RESERVED FOR WRITE

	PLACE OF DEATH County Village or City 2FULL NAME PATAROLL TOTAL PATAROLL TOTAL TOTAL	St.: Ward) St.: Ward) St.: Ward) (If death occurred in a hospitel or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICA DERTIFICATE OF DEATH
4	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORGED (Write the word) (Write the word) 1929	16 DATE OF DEATH NOW- 9-, 1980 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 1980, to NOW-8, 1985 Q
	(Month) (Day) (Year) 7 AGE If LESS than dayhrs. ormin.? 8 OCCUPATION (a) Trade, profession or particular kind of work	and that death occurred on the date stated above, at
Sept. Sept.	(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
	10 NAME OF FATHER CHARACTER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed)
	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place In the State yrs
	(Informant) Chard House (Address) Set Tell Resultand	Former or neural residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER DATE OF BURIAL ADDRESS
	Filed P 1930 S. S. Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scream, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken business, that fact may be indicated thus; Farmer (re report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

permanently filed.

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitual nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(secondary (Recommendations on statement of cause of death If this certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ess important. Example: Measles (disease valvular heart disease; etc. The contributory Measles;

S. No. ٥. PHYSI-

PLACE OF DEATH	01527 STATE OF MARYLAND
County Cecif	CERTIFICATE OF DEATH
· · · · · · · · · · · · · · · · · · ·	Registration Dist. No.
Village or City Rellow (No. Mu	ion Horpelal St.; Ward) (If death occurred i
2FULL NAME Still by	Ward) Ward) A formula Ward) Ward) A formula Ward) A fir death occurred is a first occurred in the second of the second occurred is a first occurred in the second occ
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RAPRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 78 , 1980
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
nt 8 1930	
(Month) (Day) (Year)	that I last saw halive on, 192
7 AGE If LESS than I day O hrs.	
Oyrs. Comos. Cods. or Omin.	Agigg . I
8 OCCUPATION (a) Trade, profession or	flell berth
particular kind of work	Premature deliving - 7 mos
(b) General nature of industry business, or establishment in	(Durstion) yre mos de
which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Fall on ice Secondary
Ceci s. ma	(Duration) yrsd
FATHER Sellis W ATT AND	(Signed) Herbert Dales - M. [
U 11 BIRTHPLACE	79 (Address) Eltler und
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER alice B. Sherma	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER	At place of death
(State or Country)	Where was disease contracted, if not at place of death?
(Informant) Clice S. Sourho	Former or usual residence
(Address) Lety mills Zul.	(herry & Clean to 19
Filed Fele 10 1920 Suut Journ	20 UNDERTIKER APPRESS APPRESS APPRESS
If more bianks are needed, address Etate Registra	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

01507

•

(Approved by U.S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion amplies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhow-ehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Careinoma, Sareoma, etc., of Never report mere symptoms or terminal condi Chronic valvular heart disease; nephrilis, etc. The contributory

LY, WITH UNFADING INK-THIS IS A PERMANENT FOR BINDING MARGIN RESERVED

SI-	PLACE OF DEATH	06605 STATE OF MARYLAND
EX	County Clack	CERTIFICATE OF DEATH
Y, Fed.	E11-	Registration Dist. No. 92
CTL 38sifi 9.	Village or City Olklone (No. 1	Mon St.: Ward) a hospital or institu
riy old	2FULL NAME Mary 6.	Suckworth tion, give its NAME In stead of street and number.)
ate	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d be pray ack of	Jamele White Single, MARRIED,	16 DATE OF DEATH June 29, 1920. (Month) (Day) (Year)
shoul tit ma s on b	6 DATE OF BIRTH Selet. 29# 1891	17 I HEREBY CERTIFY, That I attended the deceased from
tha	Month) (Day) (Year)	that I last saw hl alive on 1920
so so	7 AGE	and that death occurred on the date stated above, at O-3 0Pm. The CAUSE OF DEATH * was as follows:
ilec ns nsti	3 8 yrs. 9 mos. de. or min.?	The CAUSE OF DEATH " Was as follows:
supp n teri See i	(a) Trade, profession or at home	Mevolver wound of
lly tail	particular kind of work (b) General nature of industry	
efu In p	business, or establishment in which employed or (employer)	Me Wattoration Vyrs. mos ds.
TH	9 BIRTHPLACE (State or country) Md	Contributory robably accidental, Culson
d be DEAT	I 10 NAME OF	(Durstion) Tree most 2 de
OF Ver	FATHER James M. Underson	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed)
AUSE ON IS	OF FATHER (State of country)	*State the Ills ase Csusing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
e C	of MOTHER arah Hoshall	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
stat	13 BIRTHPLACE OF MOTHER M	At place In the of death yrs mos ds. State yrs mos ds.
to pir	(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
shot ent o	(Informant) Ethel B. Horner	Former or usual residence
NS em	51-11-10-1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
CIA	(Address) 5/3 000, ave prosono	20 UNDERTAKER ADDRESS
B	Filed June 22 1980 - March Margarar	20 UNDERTAKER PADDRESS Elklon Ma.
ż	If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Foreman, For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; stated unless important. "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

V. S. No. 1

X)	d. Exact
MARGIN RESERVED FOR BINDING	TE MAINLY, WITH UNFADING INK-THIS IS A PERMANENT SECORD	m of it mation should be carefully supplied. ACE should be stated EXACVEY, PHYSI-hould state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact to occupation is very important. See instructions on back of certificate.

PLACE OF DEATH	O8501 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City (No. 2FULL NAME Still Bish	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 3, 191930 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on 192 , 192
7 AGE If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Sill Buth
business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Stened)
OF MOTHER OF MOTHER OF MOTHER (State or Country) OF MOTHER (State or Country)	BLENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted,
(Informant)	if not at place of dea.h? Former or usual residence
(Address) Pro Pysili	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 11. Spen Cometery, Harford Carl. / 19.23
15 Filelley / 19230 L Handers Registral	20 A Patterson Corryville
If more bianks are needed, address tate Registra	rr, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekcepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, Stationary fireman, etc. But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on American Medical Association.) tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease accident; Revolver wound of head-homicidc; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as Chronic valvular heart etc. The contributory Nomenclature of the disease; not be

V 8 Na 1

WRITE ANLY, WITH UNFADING INKTHIS IS A PERMANENT CORI	N. B.—Every item of intermation should be carefully supplied. ACE should be stated EXAC CIANS should state CAUSE CF DEATH in plain terms so that it may be proporty class statement of OCCUPATION is very important. See instructions on back of certificate.
0	Life E
	o ate
EN	0.0
Z.	d b
RM	ma n b
PE	t it
A	tha
SIS	a. P
HIS	ms nst
T	ter ter
X	ly e lain
9	efui in p tan
NO	Car TH Por
FAI	EA
S	F D
H	S C S
WIT	us on NO
۲,	ATI
7	500
A	in s
[73	of of
ITI	sh
WR	NS NO
	CIA
	m
	2

PLACE OF DEATH	- 06606 STATE OF MARVI AND
	STATE OF MARYLAND CERTIFICATE OF DEATH
County Olcal	0191
East and Olmon Hospi	Registration Dist. No. 7
Village or City Lolon MA. (No.	St: Ward) a hospital or institu-
2 FULL NAME Cohristina Mari	tion, give its NAME is stend of street and number.)
417	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tellale White Single, Married MARRIED, Married OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY ERTIFY, That I attended the deceased from
Chig. 10 x 1884	1929. to Jul 6 , 1930.
(Month) (Day) (Year)	that I fast saw h fraise on June 16 -, 1930.
7 AGE If LESS than	and that death occurred on the date stated above, at
45 yrs 10 mos. 7 ds. or min.?	The CAUSE OF DEATH * was as rollows:
8 OCCUPATION	Coronary Orchision
(a) Trade, profession or House Wife	
(b) General nature of industry	(Duration) yrs. mos ds.
which employed or (employer)	Contributory Chronic my orindition
9 BIRTHPLACE (State or country)	Secondary (Durstion) (Tis. mos. ds.
10 NAME OF	(Signed) Just Singfinally M. D.
FATHER WKWW	192 (Address) Elston 2nd
OF FATHER (State or country)	*State the Lisease Causing Death, or, in deaths from
12 MAIDEN NAME OF MOTHER Unknown	Accidental, Suicidal or Homicidal. 10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER OF MOTHER	At place in the
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant George O. Edmonds (Husband)	usual res.dence
(Address) Classopenho Caty Wo.	Bethef End) Cenetary June 18, 1030
Filed 6/17 1930 B. Howard Brawn Registras	Havy a. Laws Cheefech lety nd.
If more blanks are needed, address tate Negistra	, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census : nd American Fublic Health ! ss. ciation.)

should be used only when needed. As examples: (a) sary to knew (a) the kind of work and also (b) the the first line will be sufficient, e g. Farmer or Planter, tion applies to e ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of octired 6 yrs). Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial emplo; ments, it is neces-Civil engineer, Stationory fireman, et. But in many state occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Doy laborer, Form loborer, Loborer-Coul mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Physici:n, Compositor, Architect, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemoid, etc. If the occupation has been changed household only (not raid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or te:m en (b) Cotton mill; (a) Salesman, (b) For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-EA I CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis", Einhtheria (avoid use of "Croup"); Tylicid fever (never report "Typhoid Pneumonia"); Le eumonia, Bronchopnamonia ("Pneumonia")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. st ted unless important. use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VICLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite dizease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E.haustion," "Heart failure," "Liaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar/ Whooping cough; Chronic valuular heart diseose, Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinomo, Sarcoma, etc., o Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: *Measles* (disease

PLACE	OF DEATH.	19120 STATE OF MARYLAND
County		CERTIFICATE OF DEATH
		Registration Dist. No. 96
Village or City	erypelle (No.	Sta: Ward) (If death occurred in a hospital or institution, give its NAME is
2FUL	LL NAME MYUST	stead of street and number.)
PERSON	NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male	4 COLOR OF RACE SINGLE, MARRIED, WIDOWED OR DISOFFED AUG	(Month) (Day) (Year)
B DATE OF BIR	TH () ()	17 I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	that I last saw h Malive on 5, 192
7 AGE	If LESS than	and that death occurred on the date stated above, at D
	13 yrs. 6 mgs. 2 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION		Tram intomolow -
(a) Trade, pro	ofession of /s /s 0 4	
particular kind (b) General na	ature of industry	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
business, or es	stablishment in feel works	Sucral Durgion Oto mos no
9 BIRTHPLACE		Contributory
(State or cou		ds.
10 NAME O	F Jupupou	(Signed)
OF FATH		*State the Disease Chasing Death, or he deaths from
Z (State or	r country My Mown	*State the Disease Clusing Death, or for deaths from Violent Causty, stat (1) Means of Injury and (2) Whether Accidental Suicidal or Homography
OF MOTH		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPL OF MOTH		At place of deathyrsmosds. In the Stateyrsmosds.
	IN THUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, it not at place of dea h?
(O dit	Former or usual residence
(Informant)	orogens uvesligation	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Addr	ress) (Istou Mill,	Baltimore, Ma, Cullo, 1.30
15 81	5 2 L Francisco A	20 INDERTAKER ADDRESS
Filed	Registras	Lee of Callerson Gerryally
	If more blanks are needed, address hate Registra	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1. Will

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective ci business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Carc should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, whatever, write None. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchoppeumonia ("Pneumonia,")

st_ted unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. (secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all approved by as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association. (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory

If this constraint in the content of the correspondence. All the data is separated and must be obtained before the certificate is permutedly first.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be proporty classified. Exact statement of OCCU-ATION is very important. See instructions on back of certificate. CORD Y, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

V S No. 1

PLACE OF DEATH County	01528 STATE OF MARYLAND CERTIFICATE OF DEATH
1 1 sepalle	Registration Dist, No.
Village or City NAME ON (No	St: Ward) St: Ward) (If d-ath occurred in a hospital or institution, give its NAME isstend of a street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR FIACE 5 SINGLE. MARRIED. WIDOWED OR DIVOFCET (Write the world own)	16 DATE OF DEATH Jeb 13th, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 19 10 19 10 19 10 10 10 10 10 10 10 10 10 10 10 10 10
7 AGE Syrs. // mos. / 2 ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	angua Telono
business, or establishment in which employed or (employer)	Contributory atheromata Secondary Ouration) Syrs mos ds.
10 NAME OF FATHER SOUGH CONTROL OF THE SOUGH CONTRO	(Signed) fr. Magraco M. D. Jehr 49Bo (Address) Deuryulle Hed
Z (State or country)	*State the lisease Csusing Desthoor, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MATTER CHES.	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State of Country)	At place in the of deathmosds. Stateyrsmosds.
14 THE ABOVE IS THUR TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) lesseull ()	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Lelly velle, MM.	Charles Jel Cow Let 16, 1920
Filed 2/15 / 120 J. F. Sander Registral	be G. alterson Gerryarlle
If more blanks are needed, addre.s Ltate Registrat	, 16 W. Saratoga St., Balto., Lequesting V. S. ivo. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Doy worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationory firemon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foremon, (b) For many occupations a single word or term on Farm laborer, Loborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, For persons who have no occupation Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

(telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the "Debility" ("Congenital," "Senile," etc.), "Drepsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be strated unless important. Example: Measles (disease Whooping cough; Chronic valvulor heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meosles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. as fracture of skull, and consequences (e.g., sepsis accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomor as probably such, if impossible to determine definitely (Recommendations on statement of cause of death carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY, F Registration Dist. No. (If death occurred in Ward) a hospital or instituproperly class tion, give its NAME is stead of street and PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANEN 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. BINDING WIDOWED. OR DIVORCES may (Month) (Day)_ CERTIFY, That Lattended the deceased from 6 DATE OF BIRTH that CE instruction (Month) (Day) (Year) Ilf LESS than 7 AGE and that death occurred on the date stated above. I day hrs. The CAUSE OF DEATH * was as follows: supplied terms RESERVEDmin.? ds. or 8 OCCUPATION (a) Trade, profession or particular kind of work pia (b) General nature of industry business, or establishment in ī importa which employed or (employer) MARGIN 9 BIRTHPLACE Secondary (State or country) P A should it of 10 NAME OF FATHER (Address) 8 11 BIRTHPLACE RENTS OF FATHER CAUST *State the Disease Causing Death, for, in Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAM 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER d state ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death (State or Country Where was disesse contracted, of if not at place of dea.h? BEST OF MY KNOWLEDGE shoul Every item CIANS sho statement Former or usual residence. (Informant) (Address 20 UNBERTAKER Filed If more bianks are needed, addre s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., nature of the husiness or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles;

PLACE OF DEATH	04153 STATE OF MARYLAND CERTIFICATE OF DEATH
1 0 . 1.	99-0 Registration Digt. No. 90
Village or City Sear Celliono.	St.: Ward (If death occurred in a hospital or institu-
2 FULL NAME Nama C. JTC	attreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw han alive on a ful 6 , 1930,
7 AGE If LESS than	and that death occurred on the date stated above, at 730 Pm.
yrsmos/9 ds. ormin.?	The CAUSE OF DEATH * was ns follows:
a occupation (a) Trade, profession or particular kind of work	(Failure of respirations)
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos. Q. ds.
9 BIRTHPLACE (State or country) Seril O. Md.	Contributory Secondary (Duration) yrs, mos, ds,
10 NAME OF Clarance W. Farrow	(Signed) Doney W. Jewis M. D. Ohij 7" 1920 (Address) Middle Jours - Del
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NO.	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Ligaratte S. Ahore.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos, ds. In the State yrs mos, ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of doa h?
(Informant) Carence M7 anos	Former or usual residence
(Address) Earlville MA	Barrells Chafel will 8 - 1960
Filed 4/7 19270 Registrai	Shu Haffage Pacillio Ind,
If more banks are needed, address ttate Kegistra	16 W. Saratoga It. Balty, Requesting V. S. ho. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully cm-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. (a) the kind of work and also (b) the Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal lever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Enhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease etc. The contributory valvular heart disease; M castes;

4. S. No. 3

PLACE OF DEATH	05422 STATE OF MARYLAND
County Ceel	CERTIFICATE OF DEATH 9 Registration Dist. No. 72
Village or collisto RD. 5 (No.	St: Ward) (if death occurred a hospital or insti
, ,	Tule Desguson tion, give its NAME stend of street anumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jeusle White (Write the word)	16 DATE OF DEATH 20 4
6 DATE OF BIRTH	June 1924 to 22 20 192
7 AGE (Month) (Day) (Yo	and that death accuracy on the data stated shows at // /
65 yrs. 4 mos. 78 ds. or	hrs. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) I rade, profession or Reliance particular kind of work	man of the section of
(b) General nature of industry business, or establishment in	(Duration) 2 yrs man
which employed or (employer)	Contributory for Sant the
(State or country) Mosy Cour	Collowe mounths
10 NAME OF Seffesson Terquesor	(Signed) (Add Marketon) (Signed) Marketon Market
10 NAME OF STATHER OF SEASON TERGUSON 11 BIRTHPLACE OF FATHER (State or country) Norgland	(Signed) Jess Hustmuld M
10 NAME OF OFFERDOR TERGUSOR II BIRTHPLACE MANUAL	(Signed)
10 NAME OF STATHER OF SEASON TENGUISON 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 NAME OF SEASON TENGUISON 11 BIRTHPLACE 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME	(Signed)
10 NAME OF FATHER OF STATE OF STATE OF MOTHER	(Signed) *St. te the Disrase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents) At place of death yrs mos, ds. Where was disease contracted, if not at place of death?
10 NAME OF FATHER OF SEARCH TENGUISON 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME MONG DOY 13 BIRTHPLACE OF MOTHER (State or country) 13 EIRTHPLACE OF MOTHER (State or country) 14 Country Pennsel.	(Signed)

(Approved by U. S. Census and American Public Health Association.)

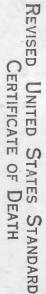
should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed er, Spinner, (b) Collon nill; (a) Salesmon, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fareman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Dealsary to know (a) the kind of work and also (b) the Physician, Statement of Occupation-Precise statement of ocwhatever, write None. " etc., first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, who are engaged in the duties of the For persons who have no occupation

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homieidc; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all causing approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopmeumonia (secondary), etc. The affection need The contributory heart disease; not be

V S. No. 1

PLACE OF DEATH County Cril	04154 STATE OF MARYLAND CERTIFICATE OF DEATH
0 .0.	Registration Dist. No. 90
Village or City 2016 (No. 2FULL NAME Shu & Fers	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME ir- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR, OR RACE 5 SINGLE. MARRIED, MOSSINGLE WILDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 4 13 , 192
6 DATE OF BIRTH 9 24 , 1868 (Month) (Day) (Year)	that I last saw h in alive on 13, 1925,
7 AGE If LESS than day hrs. des. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
10 NAME OF FATHER JOHN E, Harguson	(Signed) Tes mos ds. (Signed) M. D.
OF FATHER (State or country) 12 MAIDEN NAME	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MARY & TUES 13 BIRTHPLACE OF MOTHER (State or Country Reil Co. Jud.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Informant) a Laura Fergusia	Former or usual residence DATE OF BURIAL DATE OF BURIAL
(Address) lewilton Md 15 Filed 4/15 1930 J. G. Rowsin Registras	20 UNGERTANCE Coffage Cerilli, ma
If more blanks are needed, address tate Kegistra	, 16 W. Saratoga St. Pielto., Lequesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emtired 6 yrs). For persons who have no occupation sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed g ged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons enarst line will be sufficient, e. g., Farmer or Planter, Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Loborer-Coal mine, etc. Womman, (b) Automobile factory. The material without more precise specification as Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); I'yphoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertlonitis," etc. can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure, manuage, "Shock," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Careinoma, Sareoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary Chronie interstilial nephrilis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic or intercurrent) affection need not be etc. The contributory valvular heart disease;

WRITE

X		LY, PHYSI- ifled. Exact
SINDING	ERMANENT CORD	hould be stated EXACT it may be properly class on back of certificate.
MARGIN RESERVED FOR BINDING	WITH UNFADING INK-THIS IS A PERMANENT CORD	lon should be carefully supplied. ACE should be stated EXACTLY, PHYSI-AUSE OF DEATH in plain terms so that it may be properly classified. Exact ION is very important. See instructions on back of certificate.

	County	Cecil		••••		
Vi						Perry P
	2FU	JLL NAME.	<u> </u>	RY.,	Bradfo	rd C-
		NAL AND				JLARS
3 :	male	4 COLOR whit	OR RACE	OR	RIED, M RIED, M OWED. OIVORCED e the word	arried
6	DATE OF BI	RTH			770000	
		***************	Ja nı (Month)	ary	26 (Day)	, 1895. (Year)
	AGE		·5	nos	30_d•	If LESS that I day hre or min.
8	CCUPATION	4				
	a) Trade, p particular kii	rofession or nd of work		Ca	abi ne t	maker.
(E	a) Trade, poarticular kinds b) General pousiness, or	rofession or nd of work nature of ind establishmen yed or (empl	dustry t in	Ca	abine t	maker.
A L	a) Trade, poarticular kinds b) General pousiness, or	rofession or nd of work nature of incestablishmen yed or (empl	dustry t in oyer)	Caryle		maker.
LE V	a) Trade, poarticular kinds of the construction of the constructio	rofession or nd of work nature of incestablishmen yed or (emplession) country)	dustry t in oyer)	aryle	and.	maker.
9 1	a) Trade, poarticular kinds b) General insusiness, or which employed (State or control of the state of the state of the state or control of the state of the stat	rofession or nd of work, nature of ind establishmen yed or (emples country)	dustry t in oyer) M Harry	aryle	and.	make r.
9 1	a) Trade, poarticular kinds b) General insusiness, or which employed (State or control of the state of the state of the state or control of the state of the stat	rofession or nd of work_ nature of inc establishmen yed or (empl e cuntry) DF LACE HER or country)	Harry Mar	Fern	and.	
ARENTS 6	a) Trade, postricular kinds of the control of the c	rofession or nd of work nature of incestablishmen yed or (emplementry) DF LACE HER OF COUNTRY) N NAME HER	Margie	Fern	and.	

Filed

07892

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 96

Unknown	a hospital or institu- tion, give its NAME is - stead of street and number.)
MEDICAL CERTIFI	CATE OF DEATH
16 DATE OF DEATH July	25 , 1930.
17 I HEREBY CERTIFY, Th	th) (Year) (Year) that I attended the deceased from
	July 25 , 160,
that I last saw h Im alive on	uly 25 , 1930.
and that death occurred on the date. The CAUSE OF DEATH * was as for Acute Nephritis fol	
	roximately 7 days. da.
Secondary Sasoline (Durati	burns by flaming on)
July 26 192 30 (Address) F	Perry Point, Md.
*State the Discase Causing Violent Causes, state (1) Mean Accidental, Suicidal or Homicidal.	Death, or, in doaths from of Injury and (2) Whether
18 LENGTH OF RESIDENCE (For ients or Recent Residents)	
At place of deathyrsmos. 1ds.	In the State IInly mosds.
Where was disesse contracted, Elkt	on, Md.
Former or usual residence Elkton, Md.	***************************************
19 PLACE OF BURIAL OR REMOVA H.W. Pippin, Elkton, Md	
20 UNDERTAKER Policy	Elhlon ma
r. 16 W. Saratora St. Balto., Request	ing V. S. No. 1.

If more bianks are needed, address State Registra

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know. (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Civil engineer, Physician, or given up on account of the DISEASE CAUSING DEATH, nner, (b) Cotton mill; (a) Salesman, (b) Grocery.
Foreman, (b) Automobile factory. The materia For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, seer, Stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death American Medical Association.) peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; not be

=			FIELD			M.
_			STATISTICAL			
3 9	Male	White	WI	RRIED, DOWED, DIVORCET	ingle	16 DATE C
8 1	DATE OF BIR	тн				17
		***************************************	May (Month)	14 (Day)	, 1.867 (Year)	that I last
7 /	AGE	63 yrs.	6 mos	16_d	If LESS than I day hrs. or min.?	The CAUSI
			Lumber			
) b	usiness, or es	ed or (emplo				Contrib 2. Tavey chronic
) b	vhich employe	stablishment ed or (emplo intry)	in yer)			2. Taves chronic (Signed). E
D V S LN	ousiness, or es which employed BIRTHPLACE (State or cou	stablishment ed or (emplo intry) F ACE ER	ver) Virginia			2. Tabes chronic (Signed) P Dec.
o E	District of explored to the control of the control	stablishment ed or (emplo intry) F ACE ER country) NAME	Virginia Unknown			2. Taves chronic (Signedia p Dec.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 96

NAME FIELD Everett	tion, give its NAME in-
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
White Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	November 30 , 1930 (Month) (Day) (Year)
May 14 , 1 867 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from June 16 1927. to November 30, 1950. that I last saw him alive on November 30, 1950.
63 yrs. 6 mos. 16 ds. or min.?	and that death occurred on the date stated above, at
ssion or Lumber Inspector	
rre of industry blishment in or (employer)	(Duretion) yrs. mos 1-14hrs
Virginia	Contributory 1. Arterios cler œis, cerebral. 2. Tates Dorsalis. 3. Nephritis, interstitial chronic. (Duration) #1. Unk pow. 2. 5 yrs.
Unknown	(Signeth E LEST IE, Med. Officer in Marge. M.D. Dec. 1 1930 (Address) Perry Point, Md.
ountry) Unknown	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
unkn own	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ce R untry) Unknown	ients or Recent Residents) At place of death 4 yrs 11mos 3 ds. Where was disease contracted, Unknown
Ho spital Records	Where was disease contracted, if not at place of dea.h? Former or 27 Corling St., Petersburg, Va.
Perry Point Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
190 Cleren W. Morrison	Petersburg, Va. Dec. 3 , 1930a Dec. 3 , 1930a Dec. 3 , 1930a ADDRESS Redison Mitchell, Havre de Grace, Md.
Registrar If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Registring V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specincation as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an Civil engineer, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Deal-Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.); "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The contributory valvular heart disease;

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CORD Y, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

PLACE OF DEATH	0327 STATE OF MARYLAND CERTIFICATE OF DEATH
Paralille.	Registration Dist. No. 96
Village or City (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED WINDOWS OR DIVORCES (Write the word)	16 DATE OF DEATH January 27, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH Tel. 2, 867	I HEREBY CERTIFY, That Lattended the deceased from 25 130 to Jan 27 , 150
(Month) (Day) (Year)	that I last saw h Malive on How LO, 1950,
(Month) (Day) (Year) 7 AGE 62 yrs. 11 mos. 25 ds. or min.?	
B OCCUPATION (a) Trade, profession or particular kind of work (b) Particular kind of work (c) Particular kind of work (d) Particular kind of work (e) Particular kind of w	atheromata
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Tyre
9 BIRTHPLACE (State or country) Seund.	Contributory Secondary (Duration) yrs, mos 2 ds,
10 NAME OF FATHER SUMME TIME!	(Signed) J. H. Magraco M. D.
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, of in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sarale. Hospiro.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MYKNOWLEDGE	Where was disease contracted, if not at place of death?
	Former or usual residence
(Informati) Malter Musely. (Address) Lewyrille Mal	DATE OF BURIAL OR REMOVAL DATE OF BURIAL 1980
Filed N 27 1930 12 25 F Sanders Registrar	20 UNDERTAKER WILLIAM JORESS
If more banks are needed, address ttate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-," etc., when a definite disease Example: Measles (disease Nomenclature of the

	PLACE	OF DEATH				
	County Ce	cil	************			
Vil	lage or City_	U.S. Ve	teran	ST HARE	ital,	Perry P
	2FULI	L NAME	FLE	ight, i	reder	ick G.
	PERSON	AL AND ST	ATISTI	CAL PAR	RTICUL	ARS
	ma. le	4 COLOR OR	RACE	MARRIE WIDOWI OR DIVO (Write th	D.	ing le
6 1	DATE OF BIRT	Н	- (Month)	rele		(Year)
		45yrs.		nos.		day hrs.
PO	occupation a) Trade, profarticular kind b) General natusiness, or establich employees	ure of indust ablishment in	r)	9**************************************	oal m	
	(State or coun	try)		Pen ns y	lvania	
	10 NAME OF		Lou	is Fle	ight	
RENTS	OF FATHER (State or c	R	Ge	many		
PAR	12 MAIDEN N		Un	known		
	13 BIRTHPLA OF MOTHE (State or C	R	G	ermany		
4	THE ABOVE IS	TRUE TO TH	E BEST	OF MY K	40WLED	GE
	(Informant)		Ho so i	tal Rec	ords	
	(Addres	ss)		Perry I	oint,	Md.
15	Filed /2/3/	/30 192-	Ch	ules st) Mo	MUCOS egistrar

If more branks are needed, address State Registra

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

......Ward)

oint. Md.

XC-416 196

(If death occurred In a hospital or institu-tion, give its NAME II -etead of etreet and number.)

I HEREBY CERTIFY, That I attended the deceased from November 4 1927 to Dec. 31 ,1930 that I last saw h im alive on Dec. 31 ,1930 and that death occurred on the date stated above, at 4:50 A. m The CAUSE OF DEATH * was as follows: Tuberculosis, Pulmonary, chronic, active, far advanced (Type P&R) (Duration) yre 2 mos 11 deceased from the contributory Dementia Pracox, Hebephrenic Secondary Type, pronounced (Duration) 4 yrs mos decendary (Signed) W.A. EILISON, Acting Med. Off ider inchedecendary *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residente) At place 4 yrs 2 mos 25 ds. State Unknown decendence Contracted, if not at place of death? Unknown Former or usual residence 1822 Larkin sway, Pittsburgh, Pacellar of Carson St. S.	MEDICAL CERTIFICATE	OF DEATH
(Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from November 4 1927 to Dec. 31 ,1950 that I last saw h im alive on Dec. 31 ,1950 and that death occurred on the date stated above, at 4:50 A mand that death occurred on the date stated above, at 4:50 A mand that death occurred on the date stated above, at 4:50 A mand that death occurred on the date stated above, at 4:50 A mand that death occurred on the date stated above, at 4:50 A mand that death occurred on the date stated above, at 4:50 A mand that death occurred on the date stated above, at 4:50 A mand that death occurred on the date stated above, at 4:50 A mand that death occurred on the date stated above, at 4:50 A mand that death occurred on the date of death occurred on the date of death of the date of death of the date of death of the death occurred on the date of death occurred on the date of death of the date of death occurred on the date of death occurred occurred on the date occurred on the date occurred occurred on the date occurred occurred on the date occurred oc		
I HEREBY CERTIFY, That I attended the deceased from November 4 1927 to Dec. 31 ,1930 that I last saw h im alive on Dec. 31 ,1930 and that death occurred on the date stated above, at 4:50 A. m The CAUSE OF DEATH * was as follows: Tuberculosis, Pulmonary, chronic, active, far advanced (Type P&R) (Duration) yre 2 mos 11 deceased from the contributory Dementia Pracox, Hebephrenic Secondary Type, pronounced (Duration) 4 yrs mos decendary (Signed) W.A. EILISON, Acting Med. Off ider inchedecendary *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residente) At place 4 yrs 2 mos 25 ds. State Unknown decendence Contracted, if not at place of death? Unknown Former or usual residence 1822 Larkin sway, Pittsburgh, Pacellar of Carson St. S.	December	31 , 19 250
that I last saw h im alive on Dec. 31 , 1950 and that death occurred on the date stated above, at 4:50 A. m The CAUSE OF DEATH * was as follows: Tuberculosis, Pulmonary, chronic, active, far advanced (Type P&R) (Duration) yrs 2 mos 11 ds Contributory Dementia Pracox, Hebephrenic Secondary Type, pronounced (Duration) 4 yrs mos ds (Signed) W.A. EILISON, Acting Med. Off ider inch. Dec. 31 1930 (Address) Perry Point, Md. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents) At place 4 yrs 2 mos 25 ds. State Unknown Where was disease contracted, in the State Unknown death of at place of death yrs 2 mos 25 ds. State Unknown Former or usual residence 1822 Larkin sway, Pittsburgh, Pace 1915 of BURIAL OR REMOVAN Brogst OR BURIAL OR BURIAL OR REMOVAN BROGST OR BURIAL		
that I last saw h im alive on Dec. 31 , 1950 and that death occurred on the date stated above, at 4:50 A. m The CAUSE OF DEATH * was as follows: Tuberculosis, Pulmonary, chronic, active, far advanced (Type P&R) (Duration) yrs 2 mos 11 ds Contributory Dementia Praecox, Hebephrenic Secondary Type, pronounced (Duration) 4 yrs mos ds (Signed) W.A. ELLISON, Acting Med. Off ider inchedec. 31 1950 (Address) Perry Point, Md. *State the Disrase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs 2 mos 25 ds. State Haknowns ds Where was disease contracted, if not at place of death? Former or usual residence 1822 Larkin sway, Pittsburgh, Pacellar of Pacellar		
Tuberculosis, Pulmonary, chronic, active, far advanced (Type P&R) (Duration) (Duration) (Contributory Dementia Pracex, Hebephrenic Secondary Type, pronounced (Duration) (Signed) (Acting Med. Officer inch. Dec. 31.1930. (Address) Perry Point, Md. (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Addre	November 4 192 7 to Dec	19 30
Tuberculosis, Pulmonary, chronic, active, far advanced (Type P&R) (Duration) (Duration) (Duration) (Duration) (Duration) (Secondary Type, pronounced (Duration) (Signed) (Signed	that I last saw h im alive on	Dec. 31 , 1920
Tuberculosis, Pulmonary, chronic, active, far advanced (Type P&R) (Duration) (Duration) (Duration) (Duration) (Duration) (Secondary Type, pronounced (Duration) (Signed) (Signed	and that death occurred on the date stated	above, at 4:50 A.
(Duration) (Durat	The CAUSE OF DEATH * was as follows:	
Contributory Secondary Type, pronounced (Duration) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yre 2mos. 25 ds. Where was disease contracted, if not at place of death? Where was disease contracted, if not at place of death? Former or usual residence 1822 Ierkinsway, Pittsburgh, Pacing Accidence 1822 Ierkinsway, Pittsburgh, Pacing Address 19 No. 20 Carson 1931 20 UNDERTAKER ADDRESS		
Contributory Secondary Type, pronounced (Duration) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yre 2mos. 25 ds. Where was disease contracted, if not at place of death? Where was disease contracted, if not at place of death? Former or usual residence 1822 Ierkinsway, Pittsburgh, Pacing Accidence 1822 Ierkinsway, Pittsburgh, Pacing Address 19 No. 20 Carson 1931 20 UNDERTAKER ADDRESS	***************************************	, harron con con con con con con con con con c
Contributory Secondary Type, pronounced (Duration) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death tyre. 2mos. 25 ds. State Haknowns. ds. Where was disease contracted, if not at place of death? Where was disease contracted, if not at place of death? Former or usual residence 1822 Lerkinsway, Pittsburgh, Pacific Taker J.P. Colling and S.S.S. Pittsburgh, Pa. 800 Carson St.S.S.	(Duration)	2 mar 11 de
(Signed) W. A. EILISON, Acting Med. Off ider inch. Dec. 31.1930. (Address) Perry Point, Md. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residente) At place of death 4yrs. 2mos. 25 ds. State Hakmown de Charles of death 4yrs. 2mos. 25 ds. State Hakmown de Charles of death 2yrs. 2mos. 25 ds. State Hakmown de Charles of death 2yrs. 2mos. 25 ds. State Hakmown de Charles of death 2yrs. 2mos. 25 ds. State Hakmown de Charles of death 2yrs. 2mos. 25 ds. State Hakmown de Charles of death 2yrs. 2mos. 25 ds. State Hakmown de Charles of Burlat Charles of Charles of Burlat Charles of Charles of Burlat Charles of Charles o	Contributory Dementia Praeco	
W.A. Eddlison, Acting Med. Off ider inch. Dec. 31.1930. (Address) Perry Point, Md. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residente) At place Tyre. 2mos. 25 ds. In the State Hakmown. ds. Where was disease contracted, if not at place of death. Unknown if not at place of death. The Collinson Brown Sales of Burial Carson Brown Sales of Burial Carson Brown Sales of Burial Pittsburgh, Pa. 800 Carson Sales of Burial 20 Undertaker Address Address Address Sales of Burial 20 Undertaker		
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yre 2mos 25 ds. In the State Hakmours ds Where was disease contracted, if not at place of death Unknown Former or 1822 Iarkinsway, Pittsburgh, Pacusual residence 1822 Iarkinsway, Pittsburgh, Pacus 1914 Contract of Carson Solve Service	W.A.ELLISON, Acting Med	off iden inch
ients or Recent Residente) At place dyre 2mos 25 ds. In the State Unknown ds Where was disease contracted, if not at place of death? Former or usual residence 1822 Iarkinsway, Pittsburgh, Pacific Taker J.P. Collingan Bross. S.S. Pittsburgh, Pa. 800 Carson St. Jan. 3 , 1931. 20 UNDERTAKER	*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from jury and (2) Whether
Where was disease contracted, if not at place of deah? Former or 1822 Iarkinsway, Pittsburgh, Pausual residence 1822 Iarkinsway, Pittsburgh, Pausual residence 1822 Iarkinsway, Pittsburgh, Pausual residence 1822 Iarkinsway, Pittsburgh, Pausual Pittsburgh, Pausual Iarkinsway, Pittsburgh	ients or Recent Residente)	
Former or usual residence 1822 Iarkinsway, Pittsburgh, Pa. Splace of Burial Or Removal Bros. S.S. Pittsburgh, Pa. 20 UNDERTAKER ADDRESS		- Unknown de
Pittsburgh, Pa. 800 Carson St. Jan. 3 , 19.31		***************************************
20 UNDERTAKER ADDRESS	Former of usual residence 1822 Larkinsway, F	ittsburgh, Pa.
20 UNDERTAKER ADDRESS	hiertaker J.P. Collinan Bro	S.S. S.
20 UNDERTAKER ADDRESS	Pittsburgh, Pa.800 Carson'S	t. Jan. 3 , 19.31
7) 30 34 000	20 UNDERTAKER	ADDRESS
R. Madison-Mitchell, Hayre de Grace, Md.	Ha Madison-Mitchell, Havre	de Grace, Md.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more record mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. worked on may form part of the second statement. For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, For persons who have no occupation person, irrespective of Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros male fever (the only definite synonym is "Epidemic cerebros spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." American Medical Association.) "Inanition," "Meart range," "Old Age," "Shock," "Inanition," "Meakness," etc., when a definite disease "Uraemia," "Weakness," etc., when Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); Measles; approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident, Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. (secondary (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of or intercurrent) Chronic valvular heart disease; etc. The contributory affection need not be Nomenclature of the

No. 1 σž 5

PLACE OF DEATH County Cecil	05423 STATE OF MARYLAND CERTIFICATE OF DEATH
(1 100	Registration Dist. No. 9/
Village or City lesageste City (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Whate Single, Married, Origles Male Whate (Write the word)	16 DATE OF DEATH May 7, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH May (Yorth) (Day) (Year)	that I last saw h um alive on May 7, 19286,
63 yrs. 11 mos. 30 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Farmer (Net)	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE POR Doungh. Delawal	Contributory Secondary (Deration), yrs
FATHERLE Goseal Food	(Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAID NAME 12 MAID NAME	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother 2. Belony 13 BIRTHPLACE OF MOTHER W. 1. + 1	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) At place of deathyrsmosds.
(State or Country) White Way Law - U 4	Where was disease contracted, if not at place of doa.h?
(Informany) (Address) ary. E. France	Former or usual residence
Filed May 8 1880 13 Howard Brawn Registral If more b.anks are needed, address tate Negistral	H. W. Pippin Elhlon Ma. 7. 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, tle first line will be sufficient, e. g., Farmer or Planter, ged in domestic service for wages, as Servant, Cook, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material engineer, Stationary fireman, etc. But in many or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm labover, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the -Coal mine, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sareoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease, etc. The eontributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	01529 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Elkton (No	Registration Dist. No. 92
	St.: Ward) Horeaker St.: Ward) A hospital or institution, give its NAME ilstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nule White Single. Married, Widowed. White OR DIVORCED (Write the word)	16 DATE OF DEATH A street 2, 1980 (Month) (Day) (Year)
Mch 17 , 1876 (Month) (Day) (Year)	that I last saw ham alive on H. L. 1930,
7 AGE 53 yrs. 10 mos. 15 ds. If LESS than 1 dayhrs. ormin.?	and that death occurred on the date stated above, at 3 4 mm. The CAUSE OF DEATH * was as follows: ' Cecute colcoloolessus
OCCUPATION (a) Trade, profession or Jaborer (b) General nature of industry (b) General nature of industry (b) Usiness, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 Trade, profession or Jabore 14 Comparison 15 Comparison 16 Comparison 17 MAIDEN NAME OF MOTHER 18 Comparison 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 Comparison 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18	(Signed). (Address) (Address) (Address) (Causing Death, or in deaths from Violent Causes, date (3) Means of Injury and (2) Whether Accidental, Saiodal or Homicidal. (Signed). (Signed). (Signed). (Signed). (Signed). (Signed). (Address) (Addre
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	iemts or Recent Residents) At place of death
(Informant) Fronge Dick (Address) Lekton Tul Filed Fell 4 19230 Frank Fronges Registral	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Place Of BURIAL OR REMOVAL Place Of BURIAL Tely 5-, 193 S 20 UN DERTAKER ADDRESS Elkton hul
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business; that fact may be indicated thus ; Farmer (reor given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salcsman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, g ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Physician, whatever, write Nane. housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, siciuu, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on know (a) the kind of work and also (b) the Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many 8 Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." "Exhaustion," "Heart failure, manage, "Shock," "Old Age," "Shock, "Debility" ("Congenital," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was under-"PUERPERAL scpticaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valvular heart disease etc. The affection need not Nomenclature of the contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF				
	County Ce	cil	***************		
Vit	lage or City U.	S. Veter	rang' H	osni tal	, Perry
	² FULL N	AME	POSTER,	Willar	d H.
TY	PERSONAL	AND STA	TISTICAL	PARTIC	ULARS
3 \$		oLOR OR F	W OI	NGLE, ARRIED, IDOWED. R DIVORCE Vrite the word	Single
6 [ATE OF BIRTH				
	7-00-un-0	Novem	wher	19 (Day)	, 1891 (Yea
7 A	GE	yrs.	6	91 4	If LESS the last last last last last last last last
BIC	CCUPATION a) Trade, professi		Secu	rity Sa	lesman
P (l b	articular kind of b) General nature usiness, or establi which employed or	of industry	?		
) n	articular kind of b) General nature usiness, or establi	of industry shment in (employer)	?	Iowa.	
) n	articular kind of b) General nature usiness, or establi which employed or	of industry shment in (employer)	P		
d d d d d e e	articular kind of obj General nature usiness, or establishinch employed or ORTHPLACE (State or country)	of industry shment in (employer)	foines,		
) n	articular kind of of of General nature usiness, or establishich employed or BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	of industry shment in (employer) Des 1	Moines,	en.	

(Address)

15

06607

STATE OF MARYLAND CERTIFICATE OF DEATH

Point, Md.

Registration Dist. No.

St.: Ward)

(If death occurred in a hospital or institu-

NAME FOSTER, Willard H.	stead of street and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE. Single MARRIED, WIDOWED. OR DIVORCED (Write the word)	June 10 , 1930. (Month) (Day) (Year)
November 19 , 1891 (Year) (Year)	I HEREBY CERTIFY, That I attended the deceased from June 6. 1920. to June 10. 150. that I last saw him alive on June 10. 160. and that death occurred on the date stated above, at 10.208. Pan. The CAUSE OF DEATH * was as follows: Chronic Alcoholism,
of work Security Salesman re of industry blishment in or (employer) y) Des Moines, Iowae	(Duration) 10 yrs. mos ds. Contributory Secondary (Duration) yrs. mos ds.
Unknown E Unknown	(Signed)
Unknown Unknown Unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmos4ds. Where was disease contracted, Unknown
Hospital Records Perry Point, Ma.	Former or usual residence 801 N. Fantos St. Bulto. Md. 19 PLACE OF BURIAL OR REMOVAL Undertaker: Dunn Funeral Home, June 14, 30 Des Moines, Towa. ADDRESS
My Begistras	Bennington & Son, Havre de Grace, Md., 16 W. Saratoga St., Alto., Requesting V. S. No. 1.

WRITE

8

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocen at home, who are engaged in the dutics of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g. gcd in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of whatever, write None. Housemuid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Or For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation At Home, and children, not gainfully emwithout more precise specification as Day Stationary fireman, etc. But in many Locomolive engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Enhaustion," "Heart failure," "Haemorrnage, "Inanition," "Marasmus," "Old Age," "Shock, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting, from childbirth or miscarriage "Congenital," "Senile," etc.), "Dropsy,"," "Heart failure," "IIaemorrhage," Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Cecil	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 94
Village or City North East (No	St.: Ward) (If deeth occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)—(Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last say h melive on let 2 1930, 192.
7 AGE 6 0 yrs. 9 mos. 1 \ ds. ormin.?	The CAUSE OF DEATH * was es follows:
(a) Trade, profession or grant and son foundy (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) VIS WIDE Contributory Change Included Legland
9 BIRTHPLACE (State or country) 10 NAME OF FATHER William J. Froster	(Signed). (Durstion). (Durstion). (Durstion). (Signed). (Durstion). (Durstion)
II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the Discase Causing Peath, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents) At place of death
(Informant) Oril Fater	Former or usual residence
(Address) & llolon mod 15 Filed Och & 198 on Great W. Once	north Each M. E Cemety Car 5. 19 3.0 29 UNDERTAKER ADDRESS ADDRESS

If more branke are needed, addrosa State Registrar, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gazed in Comestic service for wages, as Serunt, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary foreman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a en at home, Physician, Compositor, Architect, liousemuid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on who are engaged in the duties of the (b) Automobile factory. The material Locomolive engineer, (7) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinol fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; hobor pneumonia. Bronchopmeumonia ("Pneumonia")

stated unless important. Example: Measles (disease "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Marasmus, stic), "Atrophy." "Collapse," "Cona," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (mercly symptomuse of "Tumor" for malignant neoplasms); Measles; inges, perilonueum, etc., Curcinonau, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicuemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopmeumonia (secondary), (secondary or intercurrent) affection need not be approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway troin or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condicough; Chronic " "Old Age," "Shock," etc. The contributory volvulor heart Nomenclature diseuse;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

REAU

V. S. No. 1

ż

٠,	,		14863
		PLACE OF DEATH	STATE OF MARYLAND
	/	County Cul	CERTIFICATE OF DEATH
		0 000	Registration Dist. No.
1	Vi	llage or City Ullia (No.	Ward) (If death occurred in
9		0,0	ward) a hospital or institu- tion, give its NAME in- stead of street and
1100		2FULL NAME MOSSIUM A	number.)
cer		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5	3	SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
CK		Plush Will (Write the word)	1930
0	-	DATE OF BIRTH	(Month) (Day) (Year)
0		MARK 23 1010	
800		(Month) (Day) (Year)	that I last saw halive on, 192,
	7	AGE [If LESS than	and that death occurred on the date stated above, at le 1 6 Pm.
		1) 1 day hrs.	The CAUSE OF DEATH * was as follows:
	-	yrs. mos. ds. or min.?	Sellie Wellingeles
966	U	(a) Trade, profession or	July Villiania
	1	b) General nature of industry	
	L	ousiness, or establishment in which employed or (employer)	(Puration) vis. mos. ds.
0	-	BIRTHPLACE ,	Contributory War Cultural Carlo
		(State or country)	Secondary William (Q 3)
7	-	10 NAME OF	(Signed) Q. Curliull M. D.
2 46		FATHER CHUMN T MINNSL	her 2 1923 D(Address) harlis tunt
2	ENTS	11 BIRTHPLACE OF FATHER	
2	EN	(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	PAR	OF MOTHER Symmetry By orl	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
3		13 BIRTHPLACE OF MOTHER	At place II In the
3		(State or Country)	of deathyrsmosds. Stateyrsds. Where was disease contracted
5	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED	if not at place of death?
		(Informant) M. Lepore	usual residence
		0 2 2 st 86 10 11 / 21	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
ומו	-	(Address)	Gobbry M. Clevilly Rec 3, 1920
U	15	Filed Let 1920 . Prints / Harry	20 UNDERTAKER ADDRESS
	-	Registrar	Joseph Of frank mengeon
		If more branks are needed, address State Registrar	, 16 W. Samtoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Furmer (to or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook ployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, " etc., without more process of mine, etc. Womborer, Farm laborer, Laborer—Coal mine, etc. Womborer, Farm laborer, Laborer report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation Stationory fireman, etc. But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicacomia," "PUERPERAL perstonitis," etc. "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Corcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The neture of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of American Medical Association. returns) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway troin-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Example: Measles (disease valvulor heart diseose; affection need not be etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the date is essential and must be obtained before the certificate is perpanently filed

Every item of Internation should be carefully supplied. ACE should be stated EXACTER, PICIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificate. CORD **PERMANENT** BINDING K FOR IS WITH UNFADING INK--THIS MARGIN RESERVED WRITE

PHYSI-

PLACE OF DEATH	14224 STATE OF MARYLAND CERTIFICATE OF DEATH
County Oldel	Registration Dist. No. 94
Village or City Charlestouris	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME antonio F	tion, give its NAME irstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 STNSLE; MARRIED, MANGE WHOWED OR DIVORCED (Write the word)	16 DATE OF DEATH NOV 27 , 1923
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Unknown, 1884	that I last saw home stree on 1/27, 1930
(Month) (Day) (Year)	and that death occurred on the date stated above, at 5.30 Fm.
I dayhrs.	The CAUSE OF DEATH * was as follows:
B OCCUPATION ds. or min.?	Translesson & Bull
(a) Trade, profession or particular kind of work	Viacous
(b) General nature of industry business, or establishment in	(Duration) yis nulos ds.
which employed or (employer)	Contributory Little assideur
9 BIRTHPLACE (State or country)	Secondary (Daration) & kyte mos de ade.
10 NAME OF FATHER	(Signed) Howard W treen Mp
11 BIRTHPLACE	1/27 1920 (Address)
OF FATHER (State or country)	/*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Deatrice Pascal	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the State yrs mos ds. State yrs mos ds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
Day &	Former or usual residence
(Informant) Le for Ment Le Cit	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DEC. 1, 1930.
15 Filed //~ 30-36 192 Leo LV. O. Registra;	20 UNDERTAKER Part Morth Each Med
If more banks are needed, addre.s Ltate Registra	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

V S. No. 1

20

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH, -Housemaid, etc. If the occupation has been changed fired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. definite salary, may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, ," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobilc factory. The material Locomotive engineer, 6 Grocery;

EASE CRUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal Jever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphihoria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need 'not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was under-(Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and more than referre the certificate is permanently filed.

KECELVED DEC 80 1930

	PLACE OF DEATH	14225 STATE OF MARYLAND
	County Cetel	CERTIFICATE OF DEATH
	Mean I.f. 1	Registration Dist. No.
1	Village or City On alsolows.	St: Ward) (If death occurred in a hospital or institu-
	2 FULL NAME Mary Frances	tion, give its NAME ir stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH MAY 790 130
	Temalo White (Write the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	that I last saw her alize on 1/27, 192.
	7 AGE [If LESS than	and that death occurred on the date stated above, at . 5. 34.P.m.
	19 yrs mos da or min?	The CAUSE OF DEATH * was as follows:
Sec	yrs. mos. ds. or min,?	to action of Abrill
I	(a) Trade, profession or particular kind of work	
N	(b) General nature of industry	O-1
4	business, or establishment in which employed or (employer)	(Duration) 100 mos. de.
N	BIRTHPLACE (State or country)	Contributory Secondary Duration J. yrsds.
	10 NAME OF FATHER	(Signed) Howard W theen Mp
	11 PIDTUPI ACE	1/27 193 (Address) 5 2 plon m9
	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	12 MAIDEN NAME OF MOTHER CLOSE AND ALLES	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	and Im Lapre	Former or usual residence
	(Informant) 111. apart of the City	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	15 Filed //- 30-30 192 Lev les. Oneses	20 UN DERTAKER ADDRESS
	Registras	r, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.
	If more blanks are needed, address tate Registral	1) To say margenda per) marrow reduced

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plonter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day As examples: (a)Grocery;

Statement of Cause of Death—Name, first, the DISEANT CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inamition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if inpossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Meastes; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary "Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic ," "Coma," "Convulsions, valvular heart discase; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

KECKIVED DEC 39 1930 PLACE OF DEATH

Village or City Elector University 2FULL NAME Forge 71 71	a boapitul (f institu
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
married White Single Married Married Married Willowed OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH 7.69 26 189 (Conth) (Day) (Yea	
7 AGE If LESS to I day	hrs. The CAUSE OF DEATH * was no follows:
(a) I rade, profession or Rigger. particular kind of work (b) General nature of industry business, or establishment in which employed or (employer).	(Duration) yra, moa de
9 BIRTHPLACE (State or country) Many laul	Contributory Secondary Donation yrs
10 NAME OF John Freet	(Signed) Second M. D. M.
OF FATHER Z (State or country) Percu	*State the Discase Causing Peath, or, in deaths from Violent Caus s, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Many Herres 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place
OF MOTHER: (State or country)	of death yrs mos ds. State yrs mos ds Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Address) Chessfeeth City my	Bethel Cerultery May 8, 19
15 Filed May 1920 / Kank Suge	20 UNDERTAKER H. W. Sipin Elkton Int
If more bianks are needed, address State Regis	strar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

WHEN PARPORATE LINES

65424

STATE OF MARYLAND

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a Sminner, (b) Cotton mill; (a) Salesman, (b) Grocary additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Munager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile fuctory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Wom-Know without more precise specification as For persons who have no occupation (13) the kind of work and also (b) the Locomotive engineer, Grocery,

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia. Brouchopneumonia ("Pneumonia";

"Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Traomia." "Weakness," etc., when a definite disease accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Inanition, "Weakness, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease tctunus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY use of "Tumor" for malignant neoplasms); Measles, inges, peritonaeum, etc., Carcinoma, American Medical Association.) (Recommendations on (secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, men-. (name origin; "Cancer" is less definite; avoid death), 29 ds.; Bronchopneumonia (secondary), interstitial nephrilis, cough; or intercurrent) affection need Chronic valvular heart disease; statement of cause of etc. The Sarcoma,, etc., of contributory not be death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the cartificate is permanently filed.

A		
# to .	PLACE OF DEATH	14226 STATE OF MARYLAND
HYSI-	7 ()	
ã.	County Occil	CERTIFICATE OF DEATH
100 P	near De	Registration Dist. No.
TC.	Village or City (No	St.: Ward) (If death occurred in
ENT ECORIO	* 2FULL NAME ELEGO F	a hospital or institu- tion, give its NAME in- stead of street and number.)
ratec ope cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Markied, Wildowed Wed	16 DATE OF DEATH Nov 25th, 192
NDING RMAN ould b may b n back		(Month) (Day) (Year)
BINDI PERMA Ehoule	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
E Eh	Dec 1873	
Eth A Date	(Month) (Day) (Year)	that I last saw ham alive on 1973
FO IS So truct	7 AGE If LESS than	The state of the s
HIS HIS ms in ms in mstr	56 yrs. // mas /5 de or min)	The CAUSE OF DEATH * was as follows:
	yrsds. ormin.?	
ESERV INK-1 uily sup plain tel	(a) Trade, profession or	wowning.
INK INK IIIY S	particular kind of work furner (b) General nature of industry	
RES (G II) efull in pla	business, or establishment in	(Duration) yrs, mos de
2 = 5	which employed or (employer)	Contributory
GIN ADIN Be cal	9 BIRTHPLACE (State or country)	Secondary
IARGI UNFA uld be	I Pla!	(Durstion) Tre mos Z ds.
MARGIN UNFADI buld be ce	FATHER OF	(Signed) Howard W Herry M.D.
	11 BIRTHPLACE	1/291930 (Address) Elle low mg
- u u z	of father	*State the Discase Causing Death, or, in deaths from
w, W atton	Z (State or country) // 12 MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
> = 4	of Mother	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
orm UP	13 BIRTHPLACE	ients or Recent Residents)
f Infor	OF MOTHER (State or Country)	At place In the State yrs mos ds.
10 t	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
7:1 50	TA THE ABOVE IS TRUE TO THE BEST OF MIT KNOWLEDGE	Former or
000	(Informant) Condition Control	usual residence
WINS		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
WR Every it CIANS stateme	(Address) Showing	leasant Trove Pa, Lille 2, 1930
0 L	15 File / 2 - / 1973/1 4	20 UNDERTAKER ADDRESS
or m	Immormualm Registrar	T.C. Mison. Vischr. 9.7
D. N.	If more banks ap needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	mail 10 1 /2-4-1931	et.
U,	muy resurso 1 17 20	

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the er," etc., Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. American Medical Association.) as fracture of skull, approved by Committee on telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic and consequences (e. g., sepsis, etc. The contributory affection need not be valvular heart disease; Nomenclature of the

PHYSI-PLACE OF DEATH property classified. 74 a EXACT be stated PERSONAL AND STATISTICAL PARTICULARS PERMANENT SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWEO, OR DIVORCED BINDING baok Write the word should DATE OF BIRTH no instructions ACE FOR K (Month) (Day) (Year) S If LESS than 7 AGE I day hrs. WITH UNFADING INK-THIS pellddns terms MARGIN RESERVED B OCCUPATION

(a) Trade, profession or See particular kind of work carefully in plai (b) General nature of industry important. business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Should 10 NAME OF 11 BIRTHPLACE PARENTS OF FATHER ATION of information (State or country) 12 MAIDEN NAME OF MOTHER Every item of inform CIANS should state statement of OCCUP. 13 BIRTHPLACE OF MOTHER (State or country (Informant) (Address 20 Filed Registrar If more blanks are needed, address State Registraf, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hospital or institu-tion, give its NAME is-stead of street and number.)

MEDICAL CERTIFIC	ATE OF	DEATH		
18 OATE OF DEATH S	-		193	0
(Mont)	1)	(Day)	(Year)
HEREBY CERTIFY, The	t I, attend	led the de	ceased f	ron
-May 4 150.00	ua	y y	, 192	(
that I last saw her alive on 7		70	CO 192	3
and that death occurred on the date The CAUSE OF DEATH * was as foll-		ove, at/	U	, m
		D		
Coubral Ke	war	Kag	4 -	
·) 	*******
(Duration		/mm	08	ds
Contributory Secondary 2			asfi	ò
(Signed) Carle (Duration (Signed) Carle (Address)	Tore	800	(A)	ds
mag 7 193 Ø (Address)	iel	esn	lge	d
*State the Disease Causing Violent Canses, state (1) Means Accidental, Suicidal or Homicidal.	Death, or of Injury	r, in dea 7 and (2)	ths ron Whethe	
16 LENGTH OF RESIDENCE (For ients or Recent Residents)	Hospitals	, Instituti	ons, Ti	ans
At place of deathyrsmosds.	In the State	yrs	.mos	,ds
Where was disease contracted, if not at place of death?				
Former or usual residence	pa-a-0000000000000000000000000000000000			
OF THE OF BURIAL OF BENOVAL		DATE OF	BURIAL	

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Physician, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, (b) Cotton mill; (a) Solesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Womperson, irrespective of (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

telanus) may be stated under the head of "contributory." use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcomu, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus, Old Age, Should, "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," when a definite disear "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; L. stated unless important (secondary or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railwoy train-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature ngenital," "Senile," etc., "Dropsy, "Heart failure," "Haemorrhage, Chronic Example: Measles (disease chopneumonia (secondary), valvular heart disease; etc. The contributory "Dropsy, not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD LY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

V. S. No. 1

N. B.

7

PLACE OF DEATH	(1413) STATE OF MARYLAND
County Cecil	CERTIFICATE OF DEATH
1 Sout	Registration Dist. No.
Village or City Willow (No.	St.: Ward) a (If death occurred in a hospital or institu-
2FULL NAME Ella May Ga	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE MARRIED. Manied Wildowed OR DIVORCED (Write the word)	16 DATE OF DEATH April 4, 130 (Month) (Day) (Year)
6 DATE OF BIRTH July 7, 186/ (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Much 19 130 to Office 4 , 130 , that I last saw her alive on Office 3 , 130
7 AGE [IfLESS than	and that death occurred on the date stated above, at 1250 A.m.
68 yrs. 6 mos. 21 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Housewife particular kind of work	Cerebral Grofilery
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Durstion) 778
10 NAME OF FATHER Michael Hartwett	(Signed) Select Zales M. D. 4/5 13 D. (Address) Lexum md
OF FATHER (State or country) Treland	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
of MOTHER Julia Murphy	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Daniel Garrett	Former or usual residence
(Address) Elkton md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Flower Catholic Cerety 7, 1930
15 Filed good 2 1920 Johnsh Burger	20 UNDERTAKER H W. Pitpin Eliton mil
If more banks are needed, address tate Kegistra	, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil cuyineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrunt, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EALL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by tetanus) may be stated under the head of "contributory." curbolic acid-probably suicide. The n ture of the injury. accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Committee on Nomenclature Chronic valvular heart disease etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1930

MARGIN RESERVED FOR BINDING

WRITE WAY, WITH UNFADING INK-THIS IS A PERMANENT ECORD	BEvery Item of Information should be carefully supplied. ACE should be stated EXACT CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.
S A PERMA	ACE should that it may
NKTHIS IS	y supplied.
NFADING II	be carefull DEATH in play
, WITH UR	CAUSE OF
N N N N N N N N N N N N N N N N N N N	of Inform ould state of OCCUPA
WRITE	BEvery Item CIANS sho

PLACE OF DEATH	02816 STATE OF MARYLAND CERTIFICATE OF DEATH
O / WITHIN OBARO	Registration Dist. No. 92
Village or City (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
2FULL NAME COLLEGE	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5-SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) OR DIVORCED	16 DATE OF DEATH Quela 26, 19230 (Month) (Day) (Year)
6 DATE OF BIRTH Dec 2 4, 1864 (Month) (Day) (Year)	that I last saw h see alive on Manual 24 , 1923.
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER	(Signed) (Duration) (Duration) (Duration) (Duration) (Signed) (Duration) (Duration)
OF FATHER (State or country) M 12 MAIDEN NAME	*State the I is ase Causing Death, or, in deaths Irom Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Marsland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos de. State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not st place of dea.h?
(Informant) Bus Farell (Address) Elklon Hid.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Elleton boloud beneture Meh 29, 1930.
15 Filed March 180 J. Bank Marger	20 UN DERTAKER H. P. Palelin W. S. Elkton Mich.
if more books are needed, addre.s Ltate Kegistra	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

V. S. No. 1

ż

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation definite salary), may be entered as Houscwife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery.

(a) Foreman, (b) Automobile factory. The materia. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH g god in domestic service for wages, as Servant, Cook, Housemund, etc. If the occupation has been changed household only (not paid Housekeepers who receive a laborer, report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typheid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> "(E:haustion," "Heart failure, fraction," "Shock," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary) stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi American Medical Association.) letanus) may be stated under the head of "contributory." carbolic acid—probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condi (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-Every Item of Information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ALY, WITH UNFADING INK-THIS IS A PERMANENT BINDING MARGIN RESERVED FOR WRITE S. No. 1 . E

Ferrish Colored WIOWED OR DIVORCED (Write the word)	St.: Ward) MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH DATE OF DEATH CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH 1932
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWED OR DIVORCED (Write the word)	St.: Ward) (If death occurred a hospital or instition, give its NAME stead of atreet on number.) MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWED OR DIVORCED (Write the word)	MEDICAL CERTIFICATE OF DEATH DATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIGOWED OR DIVORCED (Write the word)	MEDICAL CERTIFICATE OF DEATH DATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIGOWED OR DIVORCED (Write the word)	DATE OF DEATH
Ferrals Colored (Write the word)	163 5
	may (Month) (Day) (Year)
7 (3/	may 7 130. 10 May 9 ,102
	at I last saw h & alive on May 6
	d that death occurred on the date stated above, at
a OCCUPATION (a) Trade, profession or particular kind of work	Acute fastries
(b) General nature of industry	4
business, or establishment in which employed or (employer)	(Duration) yis mos
State or country) geel Co. Jud.	Contributory Secondary (Duration) yes
TAIRER TOURISTANDER STALLWOOD	gned) Carthurer Loadson M
OF FATHER (State or country)	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (I) Means of Injury and (2) Whether
OF MOTHER OF MOTHER 18	Accidental, Sulcidal or Homicidal. LENGTH OF RESIDENCE (For Hospitals, Institutions, Tr
13 BIRTHPLACE OF MOTHER OF MOTHER OF GOING COUNTY	place In the deathyrsmosds. Stateyrsmos
	nere was disease contracted, not at place of dea h?
RAD. MET 11 1000 Usu	mer or lal residence
(Informant) (Address) Calenille md	place of BURIAT OR REMOVAL DATE OF BURIAL MOLY 11-19
Filed May 10 1920 House from Registral	W. Saratoga St., Balto., Figuesting V. S. Ino. 1.

For unthoughtion to change month " see linds certificate 1931/37

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons enirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid-fever (never report "Typhoid Pneumonia"); Lobar pheumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Ezhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tions, such as "Asthehia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underean be ascertained as the cause. Always qualify all (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



1

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

er," et :, without more processed mine, etc. Wom-laborer Farm laborer, Laborer—Coal mine, etc. Womwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in dumistic service for wages, as Servant, Cook, to report specimently the occupations of persons enployed, as At school, or At home. Care should be taken nearly, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary foreman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Howemoid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, Foreman, (b) Automobile fectory. The material For many occupations a single word or term on Compositor, Architect, who are engaged in the duties of the Salesman. Locomolive (6) Grocery; ougmeer,

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitie"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Johan pneumonia."

"(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Exhaustion," "Heart range," "Old Age," "Shock," "
"Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," tions, such as "Asthenia," "Anacmia" (merely symptomstated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory" State eause for which surgical operation was underdiscuses resulting from childbirth or miscarriage "Puerperal septicaemia," "Puerperal peritonitis," (secondary or intercurrent) affection need not use of "Tumor" for malignant neoplasms); Measles; approved (Recommendations on statement of cause of as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchomneumonia (secondary), by Committee on Nomenclature of the cough; Chronic etc. valrular heart The contributory disease; death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

	3		inf
			of
	WPITE	TI I I	item
4 .D	W	*	B Every
2	6	1	Z.

PLACE OF DEATH	14864 STATE OF MARYLAND
County Cecil	CERTIFICATE OF DEATH
near Ell-	Registration Dist. No. 92
Village or City (No	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Floyd Gib	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
male white where	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
no wformation,	192, 192, 192
(Month) (Day) (Year)	that I last saw ham stive on 1920, 1920
7 AGE If LESS than	
32 yrsmosds. ormin.?	The CAUSE OF DEATH * was as follows:
OCCUPATION .	to call a break
(a) Trade, profession or particular kind of work	Madure / run
(b) General nature of industry	,
business, or establishment in which employed or (employer)	(Durgtion) yrs. mos ds.
9 BIRTHPLACE	Contributory Secondary
(State or country)	(Duration), yrs mos Zads,
ID NAME OF FATHER	(Signed) Toward W. Freen M.
II BIRTHPLACE	12/2-1930 (Address) Elklow, md
OF FATHER	*State the Disease Causing Death, or, in deaths from
Z (State or country) 12 MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
10 Bittiti area	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
a Hospital record	Former or usual residence
(Informant)	19 PLACE DE BURIAL OR REMOVAL DATE OF BURIAL
(Address) Www	County burial Cewetery Dec 12, 1930
15 Filedore 12 19230 Buest From	2D UNDERTAKER O ADDRESS
Registras	H-Wifpin Elkton has
If more banks are needed, addre.s tate Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train— Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4. S. No. 1

7.2/	
ate.	Village or
be stated be properly cl ck of certifica	PEF 3 SEX
opiled ACE should be starms so that it may be prinstructions on back of	5 DATE OF
Etion should be carefully supplied ACE should be stated CAUSE OF DEATH in plain terms so that it may be properITION is very important. See instructions on back of certi	7 AGE B OCCUPA (a) 1 rad particula
EATH In piai	business, which er BIRTHPI
State CAUSE OF DEATH In plain terms so that it	UNA FAT OF CS UNA CS OF
	13 BII OF (S 14 THE AE
N. BEvery Item of It CIANS should statement of OO	Filed
z	

	01531 CTATE OF MARYIAND
PLACE OF DEATH	STATE OF MARYLAND
County Decil	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City North Ecot (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Mary Gilb	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenale White (Write the word)	16 DATE OF DEATH February 17, 1930
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
July 10 1872	apr 20 1929 to taly 19 ,1030
(Month) (Day) (Year)	that I last saw hav alive on array 16 , 1930
7 AGE [If LESS than	and that death occured on the date stated above, atm.
3'7 yrs. 7 mos. 7 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Chrane Interstitial
(a) Trade, profession or particular kind of work whome	7.1.4.
(b) General nature of industry business, or establishment in	(Duration) yrs o mos ds
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) New York	Secondary Duration was de
10 NAME OF	(Signed) CI Starring M. D.
FATHER Charles Benjamin	February 18 1930 (Address) Never East ma
OF FATHER (State or country) (State or country)	State the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
TI 12 MAIDEN NAME	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
of MOTHER July	ients or Recent Residents)
OF MOTHER (State or country) Sell York.	At place of deathyrsmosds. In theyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
marion Conkers	Former or usual residence
(Informant) Parlon Croton on treds	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	20 UNDERTAKER ADDRESS
Filed 2-18-30 192 Dep W. Queen Rogistras	Joseph P Though north East ung
If more branks are needed, addross State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gand in domestic service for wages, as Serunt, Cook, definite salary), may be entered as Housewife, Houseer," et. Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient. e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (reen at home, worked on may form part of the second statement. Agree return 'Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only report specifically the occupations of persons en-Foreman, Or For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-At Home, and children, not gainfully emwithout more precise specification as Day Compositor, Architect, who are engaged in the duties of the (b) (not paid Housekeepers who receive a Automobile factory. The material Locomotive 9 engineer Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE GAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebrospinal fever (the only definite synonym is 'Epidemic cerebrospinal meningitis'); Diphtheria (avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Iobar pneumonia. Branchopneumonia ("Pneumonia,")

> "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. (secondary or intercurrent) affection need inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL scpticaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), by Committee on Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently filed.

N. B.-Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD Y, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

V. S. No. 1

PLACE OF DEATH	04156 STATE OF MARYLAND
County	CERTIFICATE OF DEATH
1 2 . 10	Registration Dist. No. 76
Village or City MUSILL (No.	St: Ward) (If death occurred in
2FULL NAME A STATISTICAL PARTICULARS	A hospital or institution, give Its NAME Is stead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED/ WIDOWED OR DIVORCEO (Write the propositional)	16 DATE OF DEATH Afril 25, 1980 (Month) (Day) (Year)
6 DATE OF BIRTH (187)	I HEREBY CERTIFY, That I attended the deceased from 2 2 193 to april 25, 1930.
7 AGE (Month) (Day) (Year)	that I last saw h walive on Christ 2 2 , 195 0,
If LESS than	and that death occurred on the date stated above, at 12.457.m.
yrs. mos. 23 ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	July 1
(b) General nature of industry business, or establishment in	and the state of t
which employed or (employer) Several It ore	(Duration) yrs. mos de.
9 BIRTHPLACE (State or country) Maryland	Contributory (Lettle Metallem Secondary Contribution) Transmission Contributory Secondary (Duration) Transmission Contributory Secondary (Duration) Transmission Contributory Secondary (Duration) Transmission Contributory Secondary (Duration) Transmission Contributory (D
10 NAME OF Peter W. Sillespie	(Signed) J. T. Magraw M.D. Cepul Do 130 (Address) Remyrelle Mg
II BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MANE MARINA	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place fn the
(State or Country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not st place of dea.h?
(Informant) Momary & elleshie	usual residence
(Informant Mary & ellesfyle (Address) Terrystrille, Mill	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL April 2819 30
Filed 4/28 192 L Fr Janders Registrar	20 UNDERTAKER LATTERSON PERRY Sille
If more bianks are needed, address tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid Chronic valvular heart Example: Measles (disease etc. The contributory affection need not be Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County tated EXACTLY, Properly classified. Registration Dist. No. (If death occurred in Village or City St.: Ward) a hospital or institution, give its NAME in-stead of street and number.) 2FULL NAME properly stated PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED WIDOWED OR DIVORCED may chould Write the word I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH nstructions ACE s (Day) that I last saw h alive on (Month) (Year) If LESS than 7 AGE and that death occurred on the date stated above, The CAUSE OF DEATH * I day hrs. (a) Trade, profession or particular kind of work pia (b) General nature of industry business, or establishment in (Duration)yrs..... which employed or (employer) ATH I Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 0 1 00 10 NAME OF shoul E OF FATHER 00 11 BIRTHPLACE OF FATHER Disease Causing Death, or, in *State the Z OZ no Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. CAU (State or country) informati 12 MAIDEN NAME LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate ccup, ients or Recent Residents) 13 BIRTHPLACE In the At place of death OF MOTHER yrs.....ds. (State or Country) ŏ Where was disease contracted, should Every item of CIANS should statement of if not at place of death?... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence (Informant DATE OF BURIAL OR REMOVAL ADDRES 20 UNDERTAKER

anks are needed, address

Registrar, 16 W Saratoga St., Balto., Requesting V. S. No.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ochousehold only (not paid Housekcepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesmon. without more precise specification as Doy Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material -Coul mine, etc. (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonacum, etc., Careinoma, Sarconia, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. American Medical Association.) Whooping (Recommendations on statement of cause of death FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular etc. The Always qualify all heart disease; contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

4. S. No. 3

1.2

2

PLACE OF DEATH County Ocil	05427 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City M. Rising (No. 1811	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jen Gulored Stingle, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 124 . 13 , 1930 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year	that I last saw handled on the deceased from the saw handled on the same handled on th
7 AGE If LESS than day,	The CAUSE OF SEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) (environment) 9 BIRTHPLACE (State or country)	Contributory Secondary Duration) To mos de
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER Z (State or country)	(Signed)
12 MAIDEN NAME OF MOTHER OF MOTHER	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Lospitule, institutions, Transfers or Recent Residents)
13 DIRTHPLACE OF MOTHER (State or country)	At place of death yis nos. ds. ln the State yrs mos ds. Where was disease contracted,
(Informant Herrace Holder	if not at place of death? Former or usual residence
(Address) Childs Ind	Janita Cum Juan 17130
Filed May 1 192 30 Thungton Registras	Celife E. Marin Proposed Pa
Olmit Rooms are peeded, addrige they regard	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. whatever, write None. business, that fact may be indicated thus; Former (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Greecey; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: a additional line is provided for the latter statement; it delinite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The queshousehold only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer. Physician, the first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation- Precise statement of ocreport specifically the occupations of persons ento know For many occupations a single word or term on or At Home, and children, not gainfully emyrs). without more precise specification as Day Compositor, For persons who have no occupation stationary farman, at . But in many (a) the kind of work and also (b) the

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discree. Examples: "crebposyinal fever (the only definite synonym is "Tpidemic cepebrosyinal meningitis"); Diphtheria (avoid use of "Crept"), Typhoid fever (never report "Typhoid Pneumoria": Lobar pneumonia. Bronchopneumonia ("Pneumoria":

> approved by Committee on Nomenclature as fracture of skull, and consequences (c. g., se_sis, tetanus) may be stated under the head of "contributory" carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOWICH AL. taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage "Inanition," "Meakness," etc., when a definite disease "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing stated unless important. Example: Measles (disease (secondary inges, perilonaeum, etc., Carcinoma, Sorcomo,, American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping use of "Tumor" for malignant neoplasms); Chronic interstitiol nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), or intercurrent) cough; Chronicetc. affection need not be valvular heart diseuse; The contributory Measles; etc., of

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. At the data is essential and must be obtained before the certificate is permanently filed.

4. S. No. 1

HYSI-Exact

PLACE OF DEATH	01532 STATE OF MARYLAND
County Cecil	CERTIFICATE OF DEATH
	(129) Registration Dist. No.
Village or City North East (No. 2FULL NAME Mary E. You	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Herse Hute Single, Married, Wilsowen, Wilsowen, Or DIVORCED (Write the word)	(Month) (Dry) (Year)
6 DATE OF BIRTH	Jan 1 130. to fel 197, 1923,6
(Month) (Day) (Year)	That I last saw h levelive on Se 15 ff. 1980.
7 AGE 70 yrs. 9 mos. 26 ds. or min.?	and that death occurred on the date stated above, et
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) vis mas de
which employed or (employer)	Contributory Oldenny Brun + Chiloris
10 NAME OF FATHER Smoull Logar 11 BIRTHPLACE OF FATHER Z (State or country) Md.	Signed)
(State or country) M d 12 MAIDEN NAME OF MOTHER 3	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfers or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) albert Locknow (Address) North Easy Ma	19 PLACE OF BURIAL OR REMOVAL North Cash M & Feb. 15., 193.0
Filed 2-18-30 192 Les M. Cursos Registras	20 UNDERTAKER ADDRESS ADDRESS
If more branks are needed, addross State Registra	, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.





(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emwhatever, write None. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. grand in intrestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Spinner, (b) Cotton mill; (u) Salesman. (b) Grovery; (u) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary franca, etc. But in many the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,'" Foreman," "Manager." 'Deal-Physician, Compositor, Architect, report For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day specifically the occupations of persons en-(a) the kind of work and also (b) the Locomolive engineer,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia. Bronchopneumonia ("Pneumonia,"

> "Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, perlonaeum, etc., Carcinona, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid telunus) may be stated under the head of "contributory." tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Twoerculosis of lungs, men-American Medical Association.) earbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitual nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Carcinoma, Sarcoma,, etc., of etc. ratuular heart Nomenclature The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A it he data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	09121 STATE OF MARYLAND
County Click Co	CERTIFICATE OF DEATH
3.1 - 51.1	Registration Dist. No.
VIIIage or city 1000 (No. 100)	St; Ward) [If death eccurred in a hospital or institution, give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single MARRIED, WIDOWED OR DIVORCED (Wille the word)	Month (Day) (Year)
6 DATE OF BIRTH	aug 3 1930 ato Clery 6 , 1920
(Month) (Day) (Year)	that Clast saw him alive on any 3 , 1918.
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
BOCCUPATION	Verneceus anaemeae
(a) Trade, profession, or particular kind of work	Frank History of Care 24800
(b) General nature of Industry bosiness, or establishment to	
which employed (or employer)	Contributor Cordina to Ray Ille
BIRTHPLACE (State or country)	Secondary Secondary
10 NAME OF	(Ourglish) Try mee de
FATHER allowed & Stood reels	(Signet)
State or country) 12 MAIDEN NAME 12 MAIDEN NAME	Skite the DISKASE CAUSING DRATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUNY; and (2) whether ACCIDENTAL.
T 12 MAIDEN NAME OF MOTHER Y	SUICIDAL OF HOMICIDAL
13 BIRTHPLACE OF MOTHER ((State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mesde. State,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	Where was disease contrected, If not at place of death ?
(lotormant) Muscelbury Goodenle	mand teathcuse
(Address) Prostly Earl May	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Cat 4: 41. 11500	20 UNDERTAKER ADDRESS
Filed 1 1930 Les W. Cerrere	OP, J- Frances Messer M.
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. 6 yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil ness of various pursuits can be known. The question business or industry, and therefore an additional line especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. -Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the very important, so that the relative healthful-The material worked on may forin part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pueumonia"); Lobar pneumonia. Pronchopneumonia of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Annemia" (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Coma," ma," "Convulsions," "Debility" The contributory (secondary or intercur-"PUERPERAL septichaemia," State cause for which "Atrophy," nound ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	05428 STATE OF MARY
County County	CERTIFICATE OF
	Registration Dist. No.
Village or City heropeute Chino.	St.: Ward) (If d
2FULL NAME Jupan	L Lorina stead numl
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
Male While Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended t
May 20 ,193	0 may 20 1930. to may
(Month) (Day) (Year)	that I last saw harmalive on way
AGE [If LESS the	and that death occurred on the date stated above,
day (4/ h	
Oyrs. Omos. ds. or mir	
(a) Trade, profession or	a final and
particular kind of work	Oreste alexe
business, or establishment in	(Duration) yra.
which employed or (employer)	Contributory
(State or country) Cerif 6, 2nd	Secondary (Durates)
10 NAME OF	Duration) yea
FATHER Leo. Ernest Torman	(Signed) Serio
11 BIRTHPLACE OF FATHER	1940 (Address)
Z (State or country)	*Ct. to the Lieuwe Couring Douth or in
	Violent Causes state (1) Means of Injury at
12 MAIDEN NAME	Violent Causes, state (1) Means of Injury ar Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, In
12 MAIDEN NAME	Violent Causes, state (1) Means of Injury at Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, In ients or Recent Residents)
12 MAIDEN NAME OF MOTHER OF MOTHER Way	Violent Causes, state (1) Means of Injury at Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, In ients or Recent Residents) At place of deathyrsmosds, In the Statey
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 October 12 Maiden Name (State or Country)	Violent Causes, state (1) Means of Injury ar Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, In ients or Recent Residents) At place In the Of death
12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Wd.	Violent Causes, state (1) Means of Injury at Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, In ients or Recent Residents) At place In the of death yrs
12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) We described the state of th	Violent Causes, state (1) Means of Injury ar Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, In ients or Recent Residents) At place of death yrs
12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Violent Causes, state (1) Means of Injury ar Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, In ients or Recent Residents) At place In the Of death yrs
12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Place Cil 7 7	18 LENGTH OF RESIDENCE (For Hospitals, In ients or Recent Residents) At place of deathyrs

OF MARYLAND ATE OF DEATH

ration Dist. No. 9/

(If death occurred In a hospital or institu-tion, give its NAME is-stead of street and number.)

MEDICAL CE	KIIFICA	IE O	r DEA	i m	
16 DATE OF DEATH	7	wa	2 2	. (,	1930
	(Month)		(Day)		(Year)
17 I HEREBY CERTI	FY That	Latter	nded th	e dec	eased fror
may 20 195	30 . to	m	-	21	1930
	De		7	,	3-
nat I last saw h alive	on	7		٠.٨	, 192.0.
nd that death occurred on	the date s	tated s	bove, a	t	- A.m
he CAUSE OF DEATH * wa	s as follow	V8:			
	*********	······			
Conquilo	I a	eli	lil	-	
Orenalin	. 6	tol	202/	f	
J. Commission of the Commissio			7		
	(Duration)		VIS.	m	sd
>>000000000000000000000000000000000000	(D diditoll)				
Contributory Secondary	********				
	(Duration)		VIA.	170	osd
47/2- BO	ye B	- la	-		
					м. г
5/21 100 · (Addr					
*State the l'iscase (1) Violent Causes, state (1) Accidental, Suicidal or Homi	Causing I Means cidal.	eath, of Inju	or, in	deat (2)	hs from Whether
B LENGTH OF RESIDENCE	E (For	lospita	als, Ins	tituti	ons, Tran
ients or Recent Residents)					
t place f deathyrsmos	de.	In the	VIA		mosd
Where was disease contracted,					
not at place of dea.h?					****************
ormer or					
sual residence	**************				
9 PLACE OF BURIAL OR R	P Set		_		BURIAL
Bethel (Md) G	welle	9	May	2/	, 19
	- 1	1		ree	

S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, laborer, Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Paysician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed g ged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Wom-Compositor, who are engaged in the duties of the For persons who have no occupation Stationary freman, etc. But in many (b) Automobile factory. The material Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway train-(secondary "Atrophy," "Collapse," "Coma," "Convulsions," peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need not be Chronic valvular heart disease; and consequences (e. g., sepsis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Ĭ,	1	- 0
MARGIN RESERVED FO	WRITE X, WITH UNFADING INKTHIS IS	very Item of Information should be carefully supplied. IANS should state CAUSE OF DEATH in plain terms so
Ţ	Ţ	ppl
r	7	su t
U TI	Z	y i
T T	U	ofu n
_	Z	ar
	4D	o d
צ	IF.	D D
1	5	Ju P
2	H	20
	/IT	S
	5	tio AL
	>	23
	A	orie
4	1	inf
(to p
	Щ	700
	211	Ite
	W	N
		A

V. S. No. 1

" The King of	00199	
PLACE OF DEATH	STATE OF	MARYLAND
County Cecil	CERTIFICATE	OF DEATH
Carre	Registration	Dist. No. 92
Village or City Elkton (No	St:: Ward	(If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	DE DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Windows Divorced (Write the word)	16 DATE OF DEATH	(Day) (Year)
6 DATE OF BIRTH Fully 25-, 1875 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I att	
7 AGE 55 yrs. 5 mos. 2 ds. or min.?	The CAUSE OF DEATH * was as follows:	above, at 8.30 Pm.
(a) Trade, profession or Domestic Servart	"Villebra Lemoral	lago_
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)	
9 BIRTHPLACE (State or country) Mary Law	Contributory Condary (Duration)	
FATHER Henry Johnson 11 BIRTHPLAGE	(Signed) 19 0(Address)	ion-mo
OF FATHER (State or country) 12 MAIDEN NAME O -	*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from jury and (2) Whether
OF MOTHER Sallie Dickinson 13 BIRTHPLACE OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospi ients or Racent Residents) At place In the of death yrs	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
(Address) Elkton md	19 PLACE OF BURIAL OR REMOVAL ELKton Colored Country	DATE OF BURIAL
15 Filed Useg 19 19270 Frank Frank	20 UNDERTAKER H. W. Pippiu	Elector me
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V.	S. No. 1.

mc King 11

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise relationer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enworked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman, (b) Grocery;
Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by 10 ds. Never report mere symptoms or terminal condiuse of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; etc. The contributory affection need Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH County bee't leaunty	O328 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 95
Village or City Pesing Sun (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 COLOR OR RACE SINGLE, MARRIED, Manuel White WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH AW (Month) (Day) (Year)
6 DATE OF BIRTH [Month] (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 1929 to Leadin , 1929, that I last saw h alive on Deceased.
8 OCCUPATION (a) Trade, profession or particular kind of work	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos / / ds. Contributory Secondary
(State or country) 10 NAME OF FATHER Tokue Gray 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Duration) yrs mos de. (Signed) (Signed) (M. D. *State the Disease Causing Death, r, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Elizabeth Reysistas 13 BIRTHPLACE OF MOTHER (State or Country) Transplaced OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(Informant) ME Ligubeth Barrett	if not at place of death? Formsr or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Reserved Sum Miles	Brook View, Ond, Jan 5, 1930. 20 UNDERTAKER ADDRESS Rising Sun md
If more bianks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Former or Plonter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Furner (reto report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the -Coal mine, etc. Wom-6) The ques-Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopncumonia (secondary), (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitiol nephritis, Whooping use of "Tumor" for malignant neoplasms); American Medical Association.) Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Corcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart disease; etc. The contributory Always qualify all Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

1PLACE OF DEATH	67894 STATE OF MARYLAND
County Cocil	CERTIFICATE OF DEATH
most of a little	Registration Dist. No. 96
Village or City Port Deport	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME William	June de la constant d
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marien, Widowed OR DIVOCED (Write Howard (Write Howard)	16 DATE OF DEATH Leley 6, 1923
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw han show on 78, 193
7 AGE / [If LESS than	and that death occurred on the date stated above at 8.30 Pm.
yrs. mos. ds. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Trom information:
(b) General nature of industry business, or establishment in which employed or (employed)	assideration Drowning
9 BIRTHPLACE (State or country) Arolyner	Contributory Secondary (Durstion) yrs
10 NAME OF STATE OF A A A A	(Signed)
on 11 BIRTHPLACE	
OF FATHER (State or count) 12 MAIDEN NAME OF FATHER (State or count) 12 MAIDEN NAME	*Style the Dis ase Causing Death, or in deaths from Violent Causes state of Means of Injury and (2) Whether Accidental, Suicidal or Homicidal
of MOTHER Jayra Cell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country). Caroline	At place of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE S TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant Uff R reg)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Addres fartawbying & .	(sheshungur fall 1:30
Filed July 9 192 30 Registrar	20 HADERTAKER TOUTHER APPORTS
f more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature (Recommendations on statement of cause of death unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TYSI- Exact	/	1PLACE OF DEATH	1029
Y, P.		County Ceel Clage or City Electron (No	
EXACTL		2FULL NAME Lula B Greece	
stated E		PERSONAL AND STATISTICAL PARTICULARS	
d be y be ack	3 5 Fe	SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF
OE C	6 [DATE OF BIRTH	17 1
E ch at it ns o		no information, 1870	July
the the	_	(Month) (Day) (Year)	that I last aa
s so truc	′′	If LESS than I dayhrs.	and that dea
교는드		mos. ds. or min.?	P
sup n te See	1	a) Trade, profession or Sevant	hald
plai plai	Y	b) General nature of industry usiness, or establishment in	200
re ref		which employed or (employer)	- Juga-
be ca EATH Impo	9 6	(State or country) North Carolina	Contribut Seconda
F D		10 NAME OF FATHER	(Signed)
sho is	Ŋ	11 BIRTHPLACE	7/15-
NON	FNH	OF FATHER (State or country)	*State Violent Co Accidentel,
ATI	AR	12 MAIDEN NAME OF MOTHER	1B LENGTH
forr tate	Д.	13 BIRTHPLACE	ients or Re
d s occ		OF MOTHER (State or Country)	of deathy
n o i	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place
iten sh		(Informant) Charles Mitchell	usual residence
ANS		(Address) Elkton Ind	SO NA
Ever CIA stat	15	111 30 12 1 40	20 UN DERTA

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME is stead of street and Ward) number.) MEDICAL CERTIFICATE OF DEATH 6 DATE OF DEATH and that death occurred on the date stated above, at, The CAUSE OF DEATH * was as follows:

Violent Causes, state (1) Means of Injury (2) Whether and Accidentel, Suicidal or Homicidal. B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of deathyrs.....mos.

Causing Death, or, in

Where was disease contracted. f not at place of dea.h?

Contributory Secondary

Discase

DATE OF BURIAL

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

19.0

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease approved by Committee on as fracture of skull, and consequences (e. g., sepsia, "(Exhaustion," "Heart lauure, Liaemollings, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death empholic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Chronic valvular heart disease; etc. The contributory Nomenclature of the not be

PLACE OF DEATH	07895 STATE OF MARYLAND
County Coal	CERTIFICATE OF DEATH
near Ell-	Registration Dist. No.
Village or City (No	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME Frank &. J	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Single, MARRIED, WHO WED.	16 DATE OF DEATH July 270, 1920 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(lug /2 1903	492 to 192 ,
(Month) (Day) (Year)	that I last saw h Malire on // 27, 1920
7 AGE If LESS than	and that death occurred on the date stated above, at 11.45Am.
26 // — Iday hrs.	The CAUSE OF DEATH * was as follows:
yrs. // mosds. ormin.?	
a) Trade, profession of	V/low informection -
particular (kind of work 1000 W/ WKE 11000 W/ (b) General nature of industry	
business, or establishment in	Clecial Marian A Rowning
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF	(Duration)ds,
FATHER M. V. Legson	(Signed)
U II BIRTHPLACE	192 (Address)
OF FATHER (State or gountry) 12 MATORY NAME 12 MATORY NAME 14	*State the his/ase Carsing Death, or, in deaths from Violent Causes, Atate (1) Mesha of Injury and (2) Whether Accidental, Suicidal or Homiordal.
of Mornelle Author	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant Jose Daegson	Former or usual residence
pur glow son	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Melineyton Ill July 25, 1932
Filed July 7 19230 / Saus Frager	alter Mc Grens Vil Del
	, 16 W. Sarntoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physicum, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Stationary fireman, etc. But in many Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by (Recommendations on statement of cause of death approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Ilaemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-" "Marasmus," "Old Age," "Shock, Chronic etc. The contributory valvular heart disease; etc., of

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME ir-stead of street and Certhic ²FULL NAME number.) stated PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE, LA 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. OR DIVORCED (Write the word) (Month) ... (Dsy) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from instructions that (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at .. The CAUSE OF DEATH * was as follows: terms min.? ds. or OCCUPATION (a) Trade, profession or particular kind of work plai b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF 11 BIRTHALACE OF FATHER AUSI Z Disease Causing Death, or, in deaths from Causes, state (1) Means of Injury and (2) Whether (State or country) ш Accidental, Suicidal or Homicidal. 12 MAIDEN NAME PARI OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE OCCI At place In the OF MOTHER State (State or Country) Where was disease contracted, 14 THE ABOVE IS TRUE TO if not at place of death?. sho Every item CIANS sho statement usual residence DATE OF BURIAL 20 UNDERTAKER ADDRESS If more branks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Total mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Chronic valvular heart etc. The contributory affection need disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (0) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Colton mill; (a) Solcsmon, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationory freman, etc. But in many whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomolive engineer, or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile foctory. The material For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); sylphoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> capproved by "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitiol nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meosles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, corbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Nomenclature of the

If this certificate is looked over thoroughly and all questions enswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is bermanently filed.

1930

MARGIN

EXACTLY,

cperly classertificate.

pr

pe

may

that

I impo

S

should state

TIO

struction

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME it -stead of street and number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 16 (Month) (Day) I HEREBY CERTIFY. That I attended the deceased from and that death occurred on the date stated above, at ... The CAUSE OF DEATH * was as follows: Causing Death, or, in deaths I is ase Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the Where was disease contracted, if not at place of death?

Bolto., Requesting V. S. No. 1.

Seconda

If more banks are needed, address Ltate Registrar 16 W. Saratoga St.,

Registra

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Puysician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. g ged in domestic service for wages, as Servant, Cook, Ii ousemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken report first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman, (b) Grocery; mun, (b) Automobile fuctory. The material without more precise specification as Day specifically the occupations of persons en-For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> Capproved by Committee on Nomenclature of the American Medical Association.) 'telanus) may be stated under the head of "contributory." inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. (Recommendations on statement of cause of death carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and eonsequences (e.g., sepsis, taken. For VIOLENT DEATHS state MEANS OF INJURY Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

('0	09123 STATE OF MARYLAND
County Ceel	CERTIFICATE OF DEATH
	Registration Dist. No. 95
Village or City Conoung (No	St.: Ward) (If death occurred a hospital or institution, give its NAME istead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tenale Colored Single, Married, Wildow or Divorced (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
Sefat 3 , 1869 (Month) (Day) (Year)	17 HEREBY CERTIFY, That I attended the deceased from 1930 to Guy 6 - , 1983 that I last saw has alive on aug 6 , 1923.
7 AGE If LESS that 1 day hrs ds. or min.	The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory (Duration) yrs. mos. d
(State or country)	Secondary (Duration) yrs. mos. S.d.
(State or country) 10 NAME OF FATHER BONGE BONGS 11 BIRTHPLACE OF FATHER (State or country)	
(State or country) 10 NAME OF FATHER GEORGE Barnes 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	(Signed). (Signed). *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. mos. ds. Where was disease contracted.
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)
(State or country) 10 NAME OF FATHER Barres 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country)	(Signed). *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? Former or

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physicism, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reto report household only (not paid Housekeepers who receive a Foremon, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Loborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day specifically the occupations of persons en-(b) Automobile factory. The material For persons who have no occupation (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to the after the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicuemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "(Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcomo, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of tclasus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. Then ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease (secondar/ or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature of the taken. FOR VIOLENT DEATHS State MEANS OF INJURY American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid Chronic valendar heart disease; Example: Measles (disease etc. The contributory Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, worked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition, causing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condi-" " Marasmus, " " Old Age, intercurrent) affection need not be Chronic etc. valvular heart Nomenclature of the The contributory " "Shock," disease; Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

laborer, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engincer, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, 6 Grocery;

Strtement of Cause of Death—Name, first, the Diseas. Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. "PUERPERAL septicaemia," "PUERPERAL peritonitis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic valvular heart disease, Example: Measles (disease etc. The contributory Mcasles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No. 1

02 0 N. S

	PLACE OF DEATH County See Sent Mon MC	State OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 70 St.: Ward) (If death occurred in a hospital or institution, give its NAME in
	2FULL NAME Saly 7	stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	MARRIED WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 3 3 , 193 O (Month) (Day) (Year)
	6 DATE OF BIRTH 5 3 , 1930	17 I-HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year) 7 AGE If LESS than I day hrs.	and that death occurred on the date states above, atm. The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration)yrsmosds.
	9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs, mos, ds,
	10 NAME OF FATHER WILLIAM STATES	(Signed) M. D. 192 GARDEN SUN SULL NUCL
	OF FATHER (State or country) 12 MAIDEN NAME (State or country)	*State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER 13 BIRTHPLACE OF MOTHER (State of Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h? Former or usual residence
	(Informant) (Address)	West Hallingham May 4, 1930
	Filed 53 - 34 Registrai	20 UNDERTAKER RESON. Reserve Sun In
6	Termit wants 3-3-19	730 W. Saratoga S., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH g.ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, For many occupations a Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation single word or term on

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro-Statement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia"); ed term for the same disease. Examples: Cerebrospinal to:time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Enhaustion," "Heart failure," "IIaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all Whooping cough; telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train taken. For violent deaths state means of injuny State cause for which surgical operation was under-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart discase; Measles ;

data is essential and must be obtained before the certificate is permanently filed. answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all qu stions

Capproved by Committee on Nomenclature

American Medical Association.)

S. No. 1

PLACE OF DEATH

Village or City Wannell (No. St.: 2FULL NAME Handsome Halls And Statistical Particulars BERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED (Write the word) 6 DATE OF BIRTH 17 HEREBY CERTIFY 17 HEREBY CERTIFY 18 DATE OF DEATH 17 HEREBY CERTIFY 18 DATE OF DEATH 18 DATE OF DEATH 18 DATE OF DEATH 19 HEREBY CERTIFY 19 HEREBY CERTIFY 19 HEREBY CERTIFY 19 HEREBY CERTIFY 10 AGE 10 A OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 10 BIRTHPLACE (State or country) 11 BIRTHPLACE (State or country) 11 BIRTHPLACE (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME 13 MARRIED, MARGUEL (Signed) 14 State the Visionet Caus s, state (1) Accidental, Suicidal or Homicic	TIFICATE O
PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WOOWED,	Registration Dis
A COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) TO DATE OF BIRTH TO HEREBY CERTIF To CAUSE OF DEATH * was and that death occured on the day or min.? To Contributory Secondary To NAME OF FATHER (State or country) To NAME OF FATHER (State or c	Ward)
A COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH 7 AGE 17 AGE 18 LESS than idea, hrs. mos. idea or min.? 9 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME 13 ALTE OF DEATH 17 ALTER (Signed) 17 ALTER (Signed) 18 CONTRIBUTORY Secondary 19 (Address Violent Caus s, state (1) Accidental, Suicidal or Homicit	TIFICATE OF
that I list saw has alive of and that death occured on the light of the country) OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) DIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) TO NAME OF FATHER (State or country) 12 MAIDEN NAME (State or country) Maylad That I list saw has alive of and that death occured on the light of the country and that death occured on the light of the country and that I list saw has alive of and that death occured on the light of the country and that I list saw has alive of and that death occured on the light of the country and that I list saw has alive of and that death occured on the light of the li	(Month)
mecks 2 If LESS than it day	Y, That I at 7n
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME (State or country) Maylad (Signed) *State the Viscase Country Violent Caus 8, state (1) Accidental, Suicidal or Homicic	
which employed or (employer) who found BIRTHPLACE (State or country) Warnell M 10 NAME OF FATHER English dallingscott 11 BIRTHPLACE OF FATHER (State or country) Maylad 12 MAIDEN NAME Contributory Secondary (Signed) (Address *State the Viscase Contributory Violent Caus s, state (1) Accidental, Suicidal or Homicia	arus Luga
FATHER (Signed) 11 BIRTHPLACE OF FATHER (State or country) Maylad 12 MAIDEN NAME (Signed) (Address *State the Discase Country Violent Caus s, state (1) Accidental, Suicidal or Homicia	(Duration)
	Divation
OF MOTHER 13 EIRTHPLACE OF MOTHER (State or country) OF MOTHER OF MOTHER (State or country) OF MOTHER O	(Fer Lospital
Where was disease contracted, if not at place of death? (Informant) Plannel Halluguard 19 PLACE OF BURIAL OR REM	IOVAL
(Address) Was Was Was I am A	enter o

STATE OF MARYLAND ATE OF DEATH

tion Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of atreet and number.) Ward)

TE OF DEATH

ospitals, Institutions, Trans-In the

DATE OF BURIAL

and (2) whether

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocer," et ... (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestie service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, we are engaged in the duties of the worked on may form part of the second statement.

"Wanager," "Dealor given up on account of the DISEASE CAUSING DEATH. household only (: it paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons enor At Home, and children, For many occupations a single word or term on Perm. Icharer, Laborer-Coul mine, etc. without more precise specification as Day Locomotive engineer, not gainfully em-(6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of tetanus) may be stated under the head of "contributory" "PJERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was undercan be ascertained as the cause. (Recommendations on statement of cause of death carbolic acid-probably surcide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, approved by Committee on Nomenelature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic etc. The contributory valeular heart disease; Always qualify all Mcasles;

If this certificate is looked over thoroughly and all quarions answered in detail, it will prevent further correspondence. the data is essential and must be obtained before the certificate is permanently filed.

4. S. No. 1

60

2

Village or City Right No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred is a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICU'_ARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 25, 1980
Ten While CR DIVORCED (Write the word) Manual 6 DATE OF BIRTH Diagram 2 (Year 7 AGE (FLESS than I day hrs. or min.)	. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) I rade, profession or particular kind of work Lourseurfe (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos ds
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 DIRTHPLACE OF MOTHER (State or country) 14 ACE OF MOTHER (State or country) 15 DIRTHPLACE OF MOTHER (State or country) 16 Jacob 17 Jacob 18 DIRTHPLACE OF MOTHER (State or country) 18 Jacob 19 Jacob 19 Jacob 10 NAME OF MOTHER (State or country) 11 Jacob 12 Jacob 13 DIRTHPLACE OF MOTHER (State or country) 14 Jacob 15 Jacob 16 Jacob 17 Jacob 18 Ja	(Signed) *St.te the Discase Causing Peath, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LINGTH OF RESIDENCE (For tospitals, Institutions, Transients or Recent Residents) At place of death yis, mos ds State yis mos ds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence

More b. sinks are needed, address Etato Registrar, 16 W Saratora Et., Balto., Requesting V. S. No. 1.

19 PLACE OF BURIAL OR REMOVAL

23 UNDERTAKER

DATE OF BURIAL

Apr 2

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). er," etc., without more percentage etc. laborer Farm laborer, Laborer—Coul mine, etc. additional line is provided for the latter statement: it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return 'Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. (b) Grovery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: a) cases, especially in industrial employments, it is neces-Civil engineer. Stateonary fireman, et Physician, the first line will be sufficient, e.g. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day Compositor, Archi'ect, For persons who have no occupation Locomolive engineer, But in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Enamples: (*erebrospinal fever* (the only definite synonym is "Cpidemic cerebrospinal meninatis"); Diphtheria (avoid use of "Croup"); Typhoid fever* (never report "Typhoid Pheumonia"; Lobar meninania.

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease ean be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptominges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., seissis, telanus) may be stated under the head of "contributory". carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOWICINA., taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough, or intercurrent) affection need Chronic valvular heart disease; ctc. The contributory not be

If this certificate is Loked over thoroughly and all questions answered in detail, it will prevent further correspondence. About is essential and must be obtained before the certificate is permanently filed.

N. B.-

, PHYSI-

PLACE OF DEATH County, Ceral	STATE OF MARYLAND CERTIFICATE OF DEATH
	. Registration Dist. No. 12
Village or City Elstono (No. Los 25ULL NAME arthur Hamil	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 19230 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930 to 9, 1930, that I last saw h alive on 192,
7 AGE If LESS than I dayhrs. ormin.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Infantify Cockles
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Damy Damilon	(Signed) M. D.
C (State or country) Wandard 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Characters 13 BIRTHPLACE OF MOTHER (State or Country) Manufand	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. mos. ds. Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) / familiary) familiary	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) with East, md	north Cash M. E Country Jan 2 , 1930 20 UNDERTAKER ADDRESS
Filed an 2/ 1920 Muss Stare	Joseph R. Chant horth East
If more branks are needed, address State Registrar	16 W Saratoga St., Balto., Requesting V. S. No. 1.

6330

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion amplies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the cases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. ." etc., For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi

m Z

PLACE OF DEATH	6331 STATE OF MARYLAND
County Ceccl Co.	CERTIFICATE OF DEATH
Ounty	(2) 9 (n
- + + + 1 '+ C, 1	Registration Dist. No.
Village or city Tort DE post Welko.	St.; Ward) [If death occurred in a hospital or institution.
10 0 all +11	give its NAME instead
2 FULL NAME COSE WORLD ON	secured for of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE MARRIED,	16 DATE OF DEATH Lack 12 103
male while widowed aught	(Month) (Day) (Year)
6 DATE OF BIRTH	17 OI HEREBY CERTIFY, That I attended deceased from
Jan 12 1230	Jack 12 191 to Jack 12 , 1920
(Month) (Day) (Year)	that i last saw h allive on , 191
7 AGE If LESS than	and that death occurred on the date stated above, at . 8.1 m
Vrs. S mas ds. OR min.?	The AUSE OF DEATH & Was as follows:
9 OCCUPATION	Still outh do to
(a) trade, profession, or	Sportoneous rupline
particular kind of work (b) General nature of industry	of multraces
business, or establishment in thick employed (or employer)	(Buretion) yrs. mes. 2 ds
9 RIRTHPLACE	Centributory
(State or country) Port Other it, Norhital med	Secondary
10 NAME OF FATHER CO. CO. C.	(Burstion) fix. mos (c)
Core aloss Vacued	(stigned) rulet for land
11 BIRTHPLACE OF FATHER PLANES S	Jan 13, 18430 (Add ene) MUSTy hore wed
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSER, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
of notice abile Transaction	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHRIACE	OR RECENT RESIDENTS)
OF MOTHER (State or country) Rising June Weef	At place in the of death yrs
14 THE ABOVE THE TO THE BEST OF MY KHOW YEDGE	Where was disease contracted, If not at place of death?
(International albert Haused	Former or
T. C	esual residence
(Address Turing Our Wed	PLACE OF BURIAL OR HEMOVAL
15	Sewetery at Home Farm Jan. 14. 1050
Filed / 14 1800 de Danders	20 UNDERTAKER JAPORESS
REGISTRAR	Jail G. Harra Jusing Sur, m
if more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. Nn. 1

[Approved by U. S. Census and American Public Resists
Association.]

engaged in domestic service for wages, as Servant, Cook, 6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Duy laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," preumonia. Bronchopnsumoria ("Pneumonia," Lobar pneumonia. Bronchopnsumoria of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraesymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Anaemia" chopneumonia (secondary), 10 ds. nephritis, ctc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Purrperal septichaemia," (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercur-State cause for which Never report mere "Atrophy," acid—probably

V. S. No. 1

m

Exact

	PLACE OF DEATH County	(1543) STATE OF MARYLAND CERTIFICATE OF DEATH
	D 410 D J	Registration Dist, No.
	Village or City VI Josef No.	St: Ward) (If death occurred in o hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORSED (Write the front of the first of t	16 DATE OF DEATH May - 12-, 150 Shouth) (Day) (Year)
	6 DATE OF BIRTH) (Month) (Day) (Year)	17 HEREBY CERTIFY, That I attended the deceased from March 18 1930. to May 12, 1930 that I last saw h/Malive on May 12, 1930
	7 AGE 35 yrs. mos. 2ds. or min.?	and that death occurred on the date stated above, at
	(a) Trade, profession of particular kind of work about	Chronic Barenchymetus
1	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yys. mos de.
	9 BIRTHPLACE (State or country) with arolina	Contributory Secondary A Duration yts mos ds.
	FATHER Thursen Harding.	(Signed) 6 J. Derron M. D. 5/14 1930 (Address) Port Lepont tick
	U II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER OLAMINE Sully to 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	OF MOTHER (State or Country)	At place of deathyra
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
	(Address) Down, Masa	of place of Burial or REMOVAL DATE OF BURIAL
	Filed May 14 1930 L. F. Sauders. Registrar	20 UNDERTAKER Hatterson Perryeille
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specimeanura laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the nature of the husiness or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact CORD Y, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

rHcate.	PLACE OF DEATH County Village of City LILLIFUS (No. 1997) 2FULL NAME LILLIFUS (No. 1997)	St: Ward) St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
100	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
sack of	4 COLOR OR PLACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCEY OF DIVORCEY (WHITE YOU WOUND TO COLD	16 DATE OF DEATH July 7 , 1930
ons on	6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw he salive on Duffy 7, 1930,
see instructi	7 AGE Syrs. — mos. 2 ds. or min.? B OCCUPATION (a) Trade, profession or Arul	and that death occurred on the date stated above, at 330 m. The CAUSE OF DEATH * was as follows:
mportant.	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Chronic Valvular Secondary Hele Duration yes mos ds.
OM is very	10 NAME OF FATHER CALAGRAM AGESON 11 BIRTHPLACE OF FATHER (State or country)	(Signed) To Ma Track M. D. *State the l'iscase Causing Death, of in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OCCU.>AT	12 MAIDEN NOW OF MOTHER AND COUNTY SURVINGER 13 BIRTHPLACE OF MOTHER (State or County)	At place of deathyrsmosds.
tement of	(Informant) Con Nevery (Informant) Con Nevery (Informant) Con Nevery (Information Nevery)	Former or usual residence 19 FLACT OF BURIAL OR REMOVAL PATE OF BURIAL A CALLED A
stat	File July 23 1936 Lauden Registra	20 UNDERTAKER ADORESS 21 UNDERTAKER ADORESS 22 UNDERTAKER ADORESS 23 UNDERTAKER ADORESS 24 UNDERTAKER ADORESS 25 UNDERTAKER ADORESS 26 UNDERTAKER ADORESS 27 UNDERTAKER ADORESS 27 UNDERTAKER ADORESS 28 UNDERTAKER ADORESS 20 UNDERTAKER ADORESS 20 UNDERTAKER ADORESS 20 UNDERTAKER ADORESS 21 UNDERTAKER ADORESS 22 UNDERTAKER ADORESS 24 UNDERTAKER ADORESS 25 UNDERTAKER ADORESS 26 UNDERTAKER ADORESS 27 UNDERTAKER ADORESS 27 UNDERTAKER ADORESS 27 UNDERTAKER ADORESS 28 UNDERTAKER ADORESS 27 UNDERTAKER ADORESS 28 UNDERTAKER ADORESS 27 UNDERTAKER ADORESS 28 UNDERTAKER ADORESS 27 UNDERTAKER ADORESS
	ir more planks are necusal, addie. s ctate negistral	all-

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed Foreman, For many occupations a Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Salesman, single word or term on 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant ncoplasms); Measles; causing death), 29 ds.; Bronchopneumonia (secondary), "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Scnile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., scpsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory

N. B.-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly elassified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A'YLY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE V 3 No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Cicil	CERTIFICATE OF DEATH
0006	H. I to Registration Dist. No. 92
Village or City Elkton (No. Umou	St: Ward) a hospital or institu- tion, give its NAME in-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 2 , 1930 (Month) (Day) (Year)
6 DATE OF BIRTH Guguet 3/, 1929 (Yanth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930 to , 192 , that I last saw h
7 AGE If LESS than I day	and that death occurred on the date stated above, at 71/1 At. m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Mon-epidemic. Cause, unknown. Certific. (Duration) yrs mos de
9 BIRTHPLACE (State or country)	Contributory Secondary Dystion)
10 NAME OF FATHER	Signed 1230 Add Lisen Sewille
OF FATHER (State or country) 12 MAIDEN NAME 7.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Corrine Hensley	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Hospital Record,	Former or usual residence
(Address) Elphon ma	hounts Busial benuty July 23, 1930
15 Filedul 23 1929 Staul Stage	W. P. Islam Elklon Md.
If more banks are needed, addre.s tate registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

07987

(Approved by U. S. Census ɛnd American Public Health Association.)

er," etc., without more precious arrangement, without more precious arrangement, etc. Womlaborer, Farm laborer, Laborer—Coul minc, etc. Womlaborer, Farm laborer with receive a additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement.

Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. (a) Foreman, (b) Automobile factory. The materia For many occupations a single word or term on Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhcid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> accident; Revolver wound of head-homicide; Poisoned by telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, approved by Committee on Nomenclature of the American Medical Association.) "Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronicetc. The contributory valvular heart disease; not be

N. B.-

1PLACE OF DEATH County Cerel	09124 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 40
Village or City Riving Sun (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DEATH
male While Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Quy 37, 1980. (Month) (Day) (Year)
6 DATE OF BIRTH Out 9 (Month) (Day)	1930 (Year) 17 1 HEREBY CERTIFY, That I attended the deceased from 1920 to ung 5, 1920 that I last saw harmedive on angle 1920.
10	LESS than and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows: min.?
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	undersløfel.
buainess, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs
11 BIRTHPLACE OF FATHER (State or country) 10 NAME OF FATHER OF Jalton France OF FATHER (State or country)	(Signed) The Live of Action of Homicidal. (Signed) M. D. (Si
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death?
(Informant) Walter Harris	Former or usual residence
(Address) Rishy sun m	20 UNDERTAKER ADDRESS
Jennis source 8 6-	Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., WILLDOW, Laborer Coa many, laborer, Farm laborer, Laborer Coa many, at home, who are engaged in the duties of the laborer who receive a fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emnature of the business or industry, and therefore an Civil engineer, whatever, write None. to report specifically the occupations of persons enployed. as Al school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Locomotive engineer, neer, Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or Whooping cough; American Medical Association.) FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condiby Committee on Nomenclature of the " "Marasmus," "Old Age," "Shock," intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory Measles;

PLACE OF DEATH County Civil **	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Elblan R.F. O.No.	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, MARRIED. Single WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH November 8, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from SCA 29 1980 to NOV 8 , 1980 that I last saw h & alive on November 7, 1980,
7 AGE If LESS than day hrs. day hrs. or min. or min.	and that death occurred on the date stated above, at #m. The CAUSE OF DEATH * was as follows: **TOPICAS MALE AND LONG TO THE AND LONG TO
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs. 100s 2 9 ds. Contributory Secondary (Duration) yrs. 100s 2 9 ds.
10 NAME OF FATHER Lomio J. Harris 11 BIRTHPLACE OF FATHER (State or country)	(Signed). 7. 9. M. D. NOV. 8. 1930 (Address). Elkton. M. D. *State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country).	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Lowis J. Harris (Address) Lifetin R. D. 4	if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Porth East W. E Church, Jov 9., 19.3.0 ADDRESS ADDRESS
Filed 1-9-30 192 Ves We Celling Registral If more banks are needed, address tate Registral	Joseph R Grant horth Cask. (16) W. Stratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emstate occupation at beginning of illness. If retired from fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reof given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scream, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesmon, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stotionary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Physician, Compositor, Architect, Locomotive engineer, ," etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material 6 Grocery;

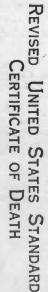
Statement of Cause of Death—Name, first, the DISEASE (*VUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pieumonio, Bronchopneumonia ("Pneumonia,");

approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease stated unless important. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valualar heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railwoy troin taken. For violent deaths state Means of Injuny State cause for which surgical operation was under-"Atrophy." "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-

4	7	7	ac
	3	na	0
	ho	-	on
4	(J)	31 i	SU
	Ö	th	101
	4	0	uci
)	pe.	00	stri
	jid	3	ins
	dn	ter	96
4	8	2	S
	=	ola	+
)	€ fu	2	ne
-	are	_	ort
)	0	Ē	gu
Ç.	be	E	-
	P		3rv
_	0	CF	>
4	sh	ш	0
-	C	US	NO.
	#	S	E
-	F	0	4
	5	ate	1
1	Inf	S	CC
	N. B Every item of information should be carefully supplied. ACE should	CIAN'S should state CAUSE OF DEATH in plain terms so that it may I	statement of OCCUPATION is very important. See instructions on bac
1	Ε	00	10
	te	S	en
1 A	_	3	me
	er	A	ate
7	H	O	G.
1			
-	-		
	Z		

V S. No. 1

PLACE OF DEATH	04158STATE OF MARYLAND
County Cecil	CERTIFICATE OF DEATH
	Registration Dist. No. 914
Village or City near Bay View(No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 4 / Q , 1925 0 (Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw here alive on 4 1920
7 AGE S S yrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or articular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duretion) Tis. mos ds.
9 BIRTHPLACE (State or country) 1D NAME OF FATHER Samuel Danis 11 BIRTHPLACE	Secondary Duration) (Signed) (Signed) (Signed) (Address (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed)
OF FATHER (State or country) 12 MAIDEN NAME 0 - 1 10 00 0	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
of MOTHER Elyaleth Shiring 13 BIRTHPLACE OF MOTHER (State or Country) The Mother Country of Mother Country)	ients or Recent Residents) At place In the of deathyrs
(Informant) Mrs Wm Harris	f not at place of dea.h? Former or usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) north Easy RD#1 md	Rosebank ametry Calvert apr 16 , 1936
Filed 4-15-302 Tes W. Queens	20 UNDERTAKER ADDRESS
If more blanks are needed, address tate Registral	r, 16 W. Shratoga St., Balto., Requesting V. S. Ao. 1.



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (re-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. " etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material 6 Grocery;

Strtement of Cause of Death—Name, first, the DEE EASE (CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhioid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

stated unless important. approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Mcasles (disease Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi etc. The contributory

V. S. No. 1

PLACE OF DEATH	02817 STATE OF MARYLAND
County Cecil	CERTIFICATE OF DEATH
Eletton RD	Registration Dist. No.
Village or City Willow (No	St.: Ward) St.: Ward) Control of the street of the street and number.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (4, 192.) (Year)
6 DATE OF BIRTH Fishy (Month) (Day) (Year)	that I last saw hamalive on March of 192.
7 / yrsniosds. If LESS than 1 dayhrs. ormin.?	and that death occurred on the date stated above, at
(a) Trade, profession or Prances particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) Jyrs. mos. ds.
9 BIRTHPLACE (State or country) Ireland	Contributory Secondary A (Defation) yrs
10 NAME OF Savid Harshaw	(Signed) Jacob Address) M. D.
OF FATHER (State or country)	*State the Usease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Matthews	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
(Informant) Sanah Harshaw	if not at place of dea.h?
(Informant) Elkton red RD	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mich 13, 1930
15 Filed Marchy 19230 f, Baul Dages Registras	20 UNDERTAKER JUST Elkton nd
If more thanks are needed, addre.s Ltate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U.-S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-(a) Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to cach and every person, irrespective of fulness; of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None, business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully emhousehold only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomolive howsenuid, etc. If the occupation has been changed ged in domestic service for wages, as Squant, Cook report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a Farm laborer, Laborer-Coul minc, etc. Wornwithout more precise specification as Day For persons who have no occupation single word or term on (6) engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted to the for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Typhoid fever (hever report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

"(E:haustion," "Heart Lange," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Traemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature of the inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic valvular heart disease and consequences (e. g., sepsis, Example: Measles (disease affection need not be etc. The contributory

N. B.

PLACE OF DEATH	G332 STATE OF MARYLAND
County Cil .	CERTIFICATE OF DEATH
Village or City Colora (No.	Registration Dist. No.
Village or City (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is - stead of street and
2 FULL NAME John Boyd I	fawley, stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH January (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
July 14, 1849	1800 to 19230
(Month) (Day) (Year)	that I last saw halive on 1925 C
7 AGE If LESS than 1 day	and that death occurred on the date stated above, at
80 yrs. 6 mos. 3 ds. or min.?	Denincera
B OCCUPATION (a) Trade; profession or	
particular kind of work tarner	allus dellerous.
(b) General nature of industry business, or establishment in	(Duration) yrs. mos. ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Montgonery Country, Va.	Secondary
1D NAME OF BOYL Howley.	(Signed) (M. D.
0 11 BIRTHPLACE OF FATHER	A State the Discase Causing Death, or, in deaths from
Z (State or country) Monlyomery Country	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Susan Cooper	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) Urginia.	of deathyrsds. Stateyrsds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of des.h?
(Informant) Q. II. Hawley.	usual residence
(Address) Colora, mb.	19 PLACE OF BURIAL OR REMOVAL OF BATE OF BURIAL Met Jalungham Jan 20, 1930
15 Day 21 31	2D UN DERTAKER ADDRESS
Filed 1920 1927 Million atom Registrar	46 you Hising Sun Ind
If more blanks are needed, address State Registrat	16 W. Saratoga St., Balto., Requesting V. S. No. 1.
Commission - 21 -19 28	

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specimeaning, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, first line will be sufficient, e. g., Farmer or Planter, to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, pertionaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train— (secondary or Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY " "Marasmus," "Old Age," "Shock," intercurrent) affection need not be Chronic etc. The contributory valvular heart Nomenclature of the disease;

PLACE_OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. ciassit (If death occurred in Ward) a hospital or institu-tion, give its NAME in-stead of street and roperly class number.) proper PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 5 SINGLE. COLOR OR RACE 16 DATE OF DEATH MARRIED, BINDING WIDOWED on back OR DIVORCED (Write the word) (Month) (Day) (Year). DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from hat structions (Month) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at L.C. I day hrs. polled min.? 12 ESERVE B OCCUPATION (a) Trade, profession or particular kind of work refully plai (b) General nature of industry business, or establishment in 'n (Duration) which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) OD 10 NAME OF (Signed) FATHER Shot 11 BIRTHPLACE OF FATHER RENT *State the Disease Causing Death, or, in deaths from OZ CAUS Violent Causes, state (1) Means of Injury (State or country) (2) Whether and Accidental, Suicidal or Homicidal. ati CA 12 MAIDEN NAME PA OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transshould state ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death ________mos.____ds. State_____yrs.....mos... Where was disease contracted, if not at place of dea.h?. Every item CIANS sho statement Former or usual residence..... (Informant) PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) ADDRESS 20 UNDERTAKER are needed, address tate Registrar 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., Without more proven _______ aborer, Eaborer, Laborer, Coal mine, etc. Wom-laborer, Farm laborer, Laborer ______ to the Never return "Laborer," "Foreman," "Manager, worked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL. or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. Whooping cough; American Medical Association.) Recommendations on statement of cause of death FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condi resulting from childbirth or miscarriage as Chronic affection need not be etc. The contributory valvular heart disease;

1 n 1 0 = A DE

St.: Ward) St.: Ward) St.: Ward) St.: Ward) Output Output
St: Ward) (If death occurred
ward) a hospital or inati
tion, give Its NAME stead of straet a number.

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH 10 - 30 -, 1937 BOK - (Month) 30 (Day) 193 (Dear)
17 I HEREBY CERTIFY, That I attended the daceased from 1929. to 10 - 30 - 193
that I last saw h localive on
The CAUSE OF DEATH * was as follows:
Chrome Myocordely
mysof Kyung -
(Duration) yrs mos
Contributory Secondary (Durstion) / yrs mos.
(Signed) 7 1 2 1 1 1 M.
*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recant Residents)
At place of deathyrsmosds. In the Stateyrsmosds.
Where was disease contracted, if not at place of dea.h? Former or usual regidence
Surry Well Cecelesy Nov 24, 13
J. Cleensely Certon, In

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, worked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman, (b) Grocery: Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroginal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(Recommendations on statement of cause of death stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles, American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection "Atrophy," "Collapse," "Coma," "Convulsions," peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Chronic valvular heart disease; etc. The contributory need not be

V. S. No.

ż

State of Maryland CERTIFICATE of DEATH Registration Dist. No. 94 State Ward) State and of street and number.
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH W 1930 (Month) (Day) (Year)
that I last saw h alive on last stated above, at 7.30 fm. The CAUSE OF DEATH * was as follows:
Chromi Multitlied Wellerites (2) (Duration) 10 yr. mos do.
Contributory Criling Color lyng Secondary (Quration)
(Signed)
Where was disease contracted, if not at place of dea.h? Former or usual residence. 19/PL/CE OF BURIAL OR REMOVAL DATE OF BURIAL
Oherry Neie Ceweling July 10, 1930 20 UNDERTAKER AGORESS AGORESS AGORESS Compared to the Selection of the

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart Nomenclature of the not be

)		
1	X			
V		1	1	
-	-	ď		

PLACE OF DEATH

r	Cecil	
County	Cecii.	

05431

STATE OF MARYLAND

Count	y Cecil			VOTOL	CERTIFICAT	E OF DEATH
				(31)	Registration	Dist. No. 96
Village (erans! Hos(Nots HEBRANK, Jos				(If death occurred is a hospital or institution, give its NAME Is stead of street and number.)
PE	RSONAL AND	STATISTICAL PART	TICULARS	MEDIC	CAL CERTIFICATE	OF DEATH
3 SEX mal	e White	MARRIED	D. RCED		May	15 , 19.50 . (Dsy) (Year)
6 DATE	OF BIRTH	October 16 (Month) (Day		November 4	1927 . to	tended the deceased from May 15, 19230
7 AGE		6	If LESS than I day hra or min.?	The CAUSE OF DEA	TH * was as follows:	dabove, at 10:55 Am
particu (b) Ger busines	de, profession or	in	ffice Clerk.		(Duration)	
9 BIRTH		Baltimore, Mo	i.	Secondary		5 yrs. mos. ds
FA	AME OF	Michael Hebra	ank	(Signed) A. ELLISO	N, Acting Med	Officer inch.
⊢ OF	RTHPLACE FATHER State or country)	Pennsylvänia	9.			y Point Md., or, in deaths from njury and (2) Whether
Q OF	MOTHER	Mary Klunp			ESIDENCE (For Hosp	itals, Institutions, Trans
OF	RTHPLACE MOTHER State or Country)	Unknown		At place 4 yrs. 16		e de yrs. Unknown de
		THE BEST OF MY KN		F		Balto, Md.
(Into	(1)	pital Records, Perry Point, 1		Henry Mears &	Son, 805 N. Balto., Md.	May 17, 1930
15 Filed	May 15 19	36 Charles W.	morrison			ADDRESS

If more blanks are needed, address Ltate Registrar, 16 W. Saratoga St., Falto, Requesting V. S. ivo. 1.

S. No. 1

m

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from g gcd in domestic service for wages, as Servant, Cool, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the er," ctc., nature of the business or industry, and therefore an cases, Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons enarst line will be sufficient, e. g., Farmer or Planter, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer,

spinal meningitis"); Diphtheria (avoid use of "Croup"); EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISfever '(the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-Typhoid fever (never report "Typhoid Pneumonia"); pncumonia, Bronchopneumonia ("Pneumonia," for the same disease. Examples: Cerebrospinal

> "Debility" ("Congenital," "Senile," etc.), "Drèpsy,"
> "E::haustion," "Heart failurc," "Iaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic Example: Measles (disease etc. The contributory valvular heart disease;

answered in detail, it will preven furthly correspondence. All the data is essential and must be spaned before the certificate is permanently filed.

Village or City Male Courant	St.: Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED OR DIVORDED (Write the workingle) 6 DATE OF BIRTH 2 7 1928	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 1930. to 7 19230
(Month) (Dsy) (Year) 7 AGE If LESS than ds. ds. or min.?	that I has saw he alive on Tuly (1923.0, and that death occurred on the date stated above, at 12
(a) Trade, profession or particular kind of work	100000000000000000000000000000000000000
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos de.
10 NAME OF DESCRIPTION OF FATHER SWAND. SEED OF FATHER OF COUNTRY SEED OF FATHER (State or country) SEED OF FATHER STATE OF COUNTRY SEED OF	(Signed) M. D. 1923 D (Address) Lungar M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Carl He BEST OF MY KNOWLEDGE (Address) All Jan	Former or usual residence. Splace of Burial OR REMOVAL Barrier Date of Burial OR DATE OF BURIAL Barrier Date of Burial OR DATE OF BURIAL
Filed 2/9 1935 A Haudero Registrar If more branks are needed, address thate Registrar	22 UN DERTAKER LE CL. Matterson Service Servi

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oestate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Deal-Housemuid. etc. Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Luborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, Locomotive (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the If the oeeupation has been changed -Coal mine, etc. Wom-6 The quesengineer, Grocery;

Statement of Cause of Death—Name, first, the Disease in Cause of Death—Name, first, the Disease in Cause of Death—Name, first, the Disease in Cause of the same desease in the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by diseases resulting from ehildbirth or miscarriage "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERFERAL peritonitis, tions, such as "Asthenia," "Anaemia" (merely symptom-(seeondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of tetanus) may be stated under the head of "eontributory." can be ascertained as the cause. American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid cough; important. Example: Measles (disease Committee on Chronic valvular heart ete. affection need Nomenclature The contributory Always qualify all Measles ; disease; not be

X		Y, PHYSI-
	CORE	ted EXACTL
INDING	LY, WITH UNFADING INKTHIS IS A PERMANENT CORE	N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
FOR B	IS IS A P	ed. ACE s s so that I
MARGIN RESERVED FOR BINDING	G INKTH	fully supplied pialn term ant. See Ins
MARGIN F	UNFADING	ould be care of DEATH In very Import
	LY, WITH	mation shoe CAUSE OPATION IS
	TE 8	m of Information of Occur
1001	J WRITE	Every Ite CIANS s statemer
100		Z m

V. S. No. 1

PLACE OF DEATH County Cicl	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 92
Village or City Wow (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, widowad MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Nov 20, 1930
6 DATE OF BIRTH 23 , 185/ (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Nov 15 1929. to 20 , 1930. that I last saw har alive on 20 19 1930.
7 AGE 7 yrs. If LESS than I day hrs. or min.?	The state of the s
(a) Trade, profession or at Home particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Pew	Contributory Secondary
10 NAME OF Cornelius Mc Gready 11 BIRTHPLACE	(Signed) (Address) Rekton 2nd
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Church MC Lear 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence.
(Informant) Fro Hitcher (Address) Elklow Mit	19 PLACE OF BURIAL OR REMOVAL Elkton Cetholic Centery Now 22, 1934
15 Filed lor 22 1980 J. Bul Bruge	20 UNDERTAKER W. Pipin Elkton M.
If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a ," etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b)

Statement of Cause of Death—Name, first, the DIS, BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) approved by (Recommendations on statement of cause of death cough; Committee on Nomenclature of the Always qualify all

PLACE OF DEATH	6333 STATE OF MARY
County County	CERTIFICATE OF
Village or City Colollage (No	Registration Dist. No
Village or City Colbine (No.	St.: Ward) (If de a hosp
2FULL NAME Margaret Que	Heleus stead
PERSONAL AND STATISTICAL PARTICULARS,	MEDICAL CERTIFICATE OF DEA
S SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
WIDOWED OR DIVORCED (Write the word)	(Math) (Day)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the
Jakt 17 1869	to 29 1929 to Jaw - 15
(Youth) (Day) (Year)	that I last saw has alive on 14
7 AGE [If LESS than	and that death occurred on the date stated above, a
l dayhrs.	The CAUSE OF DEATH * was as follows?
ODyrs. mos. ds. or min.?	100
a) Trade, profession or	Chame interstances
particular kind of work (b) General nature of industry	# good ?
business, or establishment in	(Duration) 3 yrs
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Morey land	Secondary
I 10 NAME OF	(Duration)
FATHER John Markee	(Signed)
II BIRTHPLAGE	Tau-19 1980 (Address) (Olympia)
OF FATHER (State or country) Morey land	*State the I is ase Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.
OF MOTHER Saraly Tondhand	18 LENGTH OF RESIDENCE (For Hospitals, Ins
13 BIRTHPLACE	lents or Recent Residents)
OF MOTHER Morry Day	At place of death yrs mos, ds, State yrs
(State or Country)	Where was disease contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Prosses Vetchen	usual residence
(Address) Elfelow med	Okerse Deel Curle Dat
15 Filed Jan 16 1950 J Bank Barel	20 UNDERTAKER
Filed fin le 1930 J. Dans Mayer Registras	M. J. allemades El.
If more banks are needed, addre.s Ltate Kegistras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Hileleus	St.:	Ward)	a hospital	its NAME in -
MEDICAL	CERTIF	ICATE O	F DEATH	
16 DATE OF DEATH			, -yee	30
		4-		1930
17 I HEREBY C		11		(Year)
the 27 year	0	· Jan	- 15/	192 9
that I last saw has	alive on	Jack.	14/4	192
and that death occurred	d on the d	ate stated	above, at	5.50 mm
The CAUSE OF DEATH				
		//		0
Chicante L	mens	معابلا	TEN.	these
the	ben	/	Q	
	(Dura	lion)		mosds.
Contributory				••••••
Secondary	(10)			
. K.Y.	(Dura	ition)	الك	mosds,
(Signed)		2000	7 0	M. D.
F 7	(Address)	COURT		
*State the lista Violent Causes, state Accidental, Suicidal or	ase Causin (1) Mea Homicidal.	ns of Inj		aths from Whether
18 LENGTH OF RESID		or Hospita	als, Institu	tions, Trans-
At place of deathmos.	ds.	In the State	yrs	mosds.
Where was disease contract if not at place of dea.h?.	ted.			
Where was disease contract if not at place of doa.h?. Former or usual residence	ted,			
if not at place of dea.h?.		1	DATE OF	BURIAL /8, 1930

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (o) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from er," etc., nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestle arst line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Former (reg: ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, or For many occupations a single word or term on Form loborer, (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile foctory. The material At Home, and children, not gainfully emwithout more precise specification as Doy For persons who have no occupation Laborer-Cool mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the "Inanition," "Marasuus,
"Traemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure, "Old Age," "Shock," stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstilial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart etc. The contributory "Dropsy, not be disease;

V. S. No. 1

PLACE OF DEATH	07899 STATE OF MARYLAND
County level	CERTIFICATE OF DEATH
Commission and the second and the se	Registration Dist. No.
Village or City Olf Clove (No.	St.: Ward) (If death occurred in a hospital or institution, give Its NAME in
2FULL NAME Weefeeld Kaepus	A JABL Cock stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mole Lulite Single, Married, Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH July /9 , 1980 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920 to 1930 that I last saw h alive on 192
7 AGE /	and that death occurred on the date stated above, at
yrs. mos. 23 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos / O ds.
9 BIRTHPLACE (State or country) Mary Coul	Contributory Secondary (Duration) VIS. mos. de.
10 NAME OF FATHER Soving & Hitchesek	(Signed) M. Morrison M. D. July 20 1930 (Address) Elston, Mel
OF FATHER (State or country) 12 MAIDEN NAME (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Reba Loodges	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Mossy laced	At place In the of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) From S. Atlakeset	Former or usual residence
(Address) Beklow md	Morth Cast Cemeling July 20, 1930
Filed rule 20 192 20 Shower Frage	J. J. akementy Ellen Ind
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement.

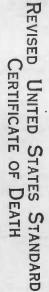
Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many (6)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condi-tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease, Example: Measles (disease etc. The contributory

	7
	WRITE
-	
No.	
tri	1
>	

PLACE OF DEATH	12818 STATE OF MARYLAND CERTIFICATE OF DEATH
County A	Registration Dist, No. 9
Village or City Joseph Deposition	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male With Street OR RACE SINGLE, MARRIED, WIDOWED, OR BUYOSCED OR	16 DATE OF DEATH March 22, 1980 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last asw here on 192 192
7 AGE 54 yrs. 5 mos. 28 ds. or min.?	and that death occurred on the date stated above, at 12 10m, The QUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	cerebral herronhoge
(b) General nature of industry business, or establishment in	(Duration)yrsmosds.
which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)
10 NAME OF FATHER SM State	(Signed)
OF FATHER (State of country) 12 MAIDEN NAME 00	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental Suicidad or Homerical Court
of Mother Polladay	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ienta or Recent Residenta)
OF MOTHER (State or Country)	of death yrs disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) (Jon 1900)	West nottingham and mar 25. 1030
File May 24-19230-	20 UNDERTAKER ADDRESS RISing Lun Mid
Pennemasure 3 - 14 - 1930	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healther," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." "Inanition," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Exhaustion," "Heart Janue, "Old Age," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephrilis, etc. The contributory Example: Measles (disease

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH County CCI	06608 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Election R.D. /	Registration Dist. No.
	St.: Ward) (If death occur a hospital or tion, give its NA stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH JULIE /5 , 192 (Month) (Day) (O
6 DATE OF BIRTH Febru 13, 1839	Harely 5 1980 to June 5,
(Month) (Day) (Year) 7 AGE If LESS than I day hrs. I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or At House particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Maryland	Contributory Onleraw & Cleionis Secondary
10 NAME OF Win Mahorrey	(Signed) / Monison Mes.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths to Violent Causes, state (1) Means of Injury and (2) Whe Accidental, Suicidal or Homicidal.
of MOTHER Hamet Mahoury 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents) At place In the
OF MOTHER (State or Country) Maryland	of deathyrsmosds. Stateyrsmos. Where was disesse contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Informant) ElKton, My Rd /	north Last Entry June 18.
15 Filed Jenne 16 1930 1 Sault Bayo	20 UNDERTAKER H. W. Pippin Elkton

If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ao. 1.

OF DEATH

deaths from (2) Whether

als, Institutions, Trans-

DATE OF BURIAL

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

....(Day) (Year).... nded the deceased from

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

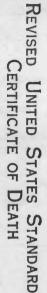
> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory affection need valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

ESERVED

MARGIN



(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Never return "Lahorer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Foreman, (b) For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. Automobile factory. The material But in many Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

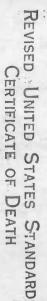
"Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condi-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of oertificate. CORD X, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

V. S. No. 1

PLACE OF DEATH	02819 STATE OF MARYLAND
County	CERTIFICATE OF DEATH
Village or City Elector R. S. (No	Registration Dist. No. 72
2FULL NAME Millicent Jane	July a hospital or institu-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. WARRIED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Auch 15 4, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1924 to Musely 13, 192 0 that I last saw h Calive on March 15 2, 192 0
	and that death occurred on the date stated above, at
(a) Trade, profession or Housewift	
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Mary low	Contributory Secondary (Duration) yrs mos de.
10 NAME OF FATHER RESSE K Simpers	(Signed) M. D.
OF FATHER (State or country) Maryland 12 MAIDEN NAME EDD B 1	*State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
OF MOTHER Clear Soulation 13 BIRTHPLACE OF MOTHER (State or Country) OF MOTHER (State or Country)	icats or Recent Residents) At place of deathyrsmosds. Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence
(Informant) (Address) Elkton 2nd Rd	19 PLACE OF BURIAL OR REMOVAL CO DATE OF BURIAL Mich 28, 1930
15 Filed Marole 261920 fr March Sarah	20 UNDERTAKER HUPipin RUKton W
If more banks are needed, address Ltate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., Without more record nine, ctc. Wom-laborer, Farm laborer, Laborer—Coal mine, ctc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, tle airst line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g. ged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or, At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. worked on may form part of the second statement. household only (not paid Housekeepers who receive a to know (a) the kind of work and also (b) the or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation who are engaged in the duties of the Stationary freman, etc. Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cruup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Drepsy, "E:haustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Whooping cough; American Medical Association.) FOR VIOLENT DEATHS state MEANS OF INJULY death), 29 ds.; Bronchopneumonia (secondary) interstitial nephritis, (name origin; "Cancer" is less definite; avoid Chronic valvular heart discase; etc. The affection need contributory not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

1PLACE OF DEATH	02820 STATE OF MARYLAND
County Cll	CERTIFICATE OF DEATH
@ ·//·	740 Registration Dist. No. 76
Village or City Leryrlle (No.	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME Comica Hor	nberge tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale White Single, Walowed OR DIVORCED (Write the word)	16 DATE OF DEATH March 6, 1938 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930. to March 6, 1980, that I last saw her alive on March 5, 1920
7 AGE (Monta) (Day) (Year)	11.6
7 9 1 day_hrs	. The CAUSE OF DEATH * was as follows:
yrs. mos ds. or min.	
(a) Trade, profession or particular kind of work	alleiomata
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) vrs mos de,
9 BIRTHPLACE (State or country) Markland	Contributory Secondary (Duration) yrs. Z. mos. ds.
10 NAME OF Bullamen B. Booth	(Signed) J. Fr. Magraes M. D.
II BIRTHPLACE OF FATHER	Jacobs (Address) Left my Ma
OF FATHER (State or country) 12 MAIDEN NAME 1 MAI	*State the Disease Causing Death, fr. in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Elizabeth Syran	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of deah?
(Informant) Walter Hornburger	Former or usual residence
(Address) Perrfilly Week	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 3/8/ 1926 J. Saulers Registrar	20 UNDERTAKER PATEUR CONNENTED
	ir, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the laborer, nature of the business or industry, and therefore an Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report. Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Heart failure," "Haemorrnage, "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) ChronicExample: Measles (disease ," "Coma," "Convulsions, etc. The contributory valvular heart disease; affection need not be Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(If death occurred in

a hospital or institution, give its NAME in-stead of street and

DATE OF BURIA

ADDRESS

number.)

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomolive engineer, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a borer, Farm laborer, Laborer—Coal mine, etc. Wom-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

carbolic acid-probably suicide. The nature of the injury. stated unless important. use of "Tumor" for malignant neoplasms); "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, pcrilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is parmanently filed.

WRITE

	04160
1PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County CONFORM	Registration Dist. No. 97
Village or City Elles (No. Mo.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Sobler Row	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWD, OR DIVORCEO (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH 20 reformation , 1902	that I last saw handalive on, 1920
(Month) (Day) (Year) 7 AGE [If LESS than	90
28 yrsmosds. l dayhrs.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Duration) yrs mos H de.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 2	Secondary (Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(Informant Muion Hospital revol	Where was disease contracted, if not at place of dea.h? Former or usual residence.
(Address) Elklow 2 1 15 Filed Um 16 19230 France France	County home Ceresty Date of Burial 20 UN DERTAKER 20 UN DERTAKER ADDRESS 20 UN DERTAKER
Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 state occupation at beginning of illness. If retired from whatever, write Nonc: business, that fact may be indicated thus; Farmer (re-Spinner, (b) Cotton mill; (a) Salesman, (b) Groccy; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully employed, as At school, on At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Furm laborer, Luborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, Housemaid, etc. If the occupation has been changed g. ged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Paysician, Compositor, Architect, report specifically the occupations of persons en-For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

American Medical Association.) carbolic acid—probably suicide. The n.ture of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Enhaustion," "Heart Immure, "Shock," "Shock," "Old Age," "Shock," when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage," stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as accidental, suicidal or homicidal, State cause for which surgical operation was underdiscases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY by Committee on Chronic valvular heart disease; etc. The contributory affection need Nomenclature of the not be etc., of

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

60 Z

PLACE OF DEATH County Ceel	STATE OF MARYLAND CERTIFICATE OF DEATH
Q	Registration Dist. No.
Village or City Elklow (No. Illee 2FULL NAME Martha Virgini	We Cooketal St.: Ward) (If death occurred in a hospital or institution, give its NAME irstend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. Surgle OR DIVORCED (Write the word)	16 DATE OF DEATH
B DATE OF BIRTH (Nonth) (Day) (Year)	that I last saw h & alive on 2 10 25 , 1920.
7 AGE	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Dilatolive (Duration) yra mos / ds.
9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER Molond Hawell	Contributory Secondary Direction) (Signed) (Signed) M. D. (Address)
OF FATHER (State or country) Mary Land 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	*State the Discase Causing Death, or, in deaths 'tom Violent Caus's, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) At place
OF MOTHER (State or country) Wasy land	of death yrs mos ds. State yrs mos ds.
(Informant Rowland Howell (Address) Sels Mills Md	if not at place of death? Former or usual residence 18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL ADDRESS
Filed 16 27 1920 James Maye Registras	16 W. Saratoga St., Balto., Requesting V. S. No. 1.
If more plants are needed, addition beats Registrat	

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health should be used only when needed. As examples: (a) Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from er," etz., without more precise specification as Day Spinner, additional line is provided for the latter statement: it nature of the Lusiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary framan, etc. But in many the first line will be sufficient, e. g., Former or Planter, business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseon at home, who are engaged in the duties of the Never return 'Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm labover, Labover-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Gracery; For persons who have no occupation (b) Automobile factory. The Locomolive engineer, material

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosyinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage "Puerperal septicaemia," "Puerperal peritonitis," "Uraemia," "Weakness," etc., when a definite discase "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condivalvular etc. The contributory affection necd heart not disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 92

Z ward)	tion, give its NAME in stead of street and
	number.)

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH august 30 1930 (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at ... The CAUSE OF DEATH * was as follows: (Duration) Contributory Secondary *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of death ... Where was disease contracted, if not at place of dea.h?... Former or

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

7. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, laborer, Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; sman, (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid "Uraemia," "Weakness," etc., when a definite disease Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARRIED WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE (If LESS than I day hrs. or min.? B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) (Signed Signed S	CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) St.: Ward) (If death occurred a hospital or institution, give its NAME istead of street are number.) MEDICAL CERTIFICATE OF DEATH OF DEATH (Month) (Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from the date stated above, at 3,300 constitutions of the date stated above, at 3,500 constitutions of the date stated above at 3,500 constitutions of
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED AND MIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and the lay hrs. The CA B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) CSIGned (Signed) NO Selection of the particular of the country of t	MEDICAL CERTIFICATE OF DEATH OF DEATH (Month) (Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased fro John to Month
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE SINGLE MARRIED MARRIED MIDOWED MID	MEDICAL CERTIFICATE OF DEATH OF DEATH (Month) (Day) (Year). I HEREBY CERTIFY, That I attended the deceased from the
3 SEX 4 COLOR OR RACE MARRIED, ANGE WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) That T	(Month) (Day) (Year). I HEREBY CERTIFY, That I attended the deceased from the late stated above, at 3.3.0.0. I death occurred on the date stated above, at 3.3.0.0. USE OF DEATH * was as follows:
MIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) That I day, hrs. I day, hrs. I day, hrs. Or min.? B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (Signed)	(Month) (Day) (Year). I HEREBY CERTIFY, That I attended the deceased from 198 to 200 23 198 ast saw har alive on nov 22 198 to death occurred on the date stated above, at 3,3,8 0 198 USE OF DEATH * was as follows:
(Month) (Day) (Year) TAGE (Month) (Day) (Year) That I That I The CA B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) TO NAME OF FATHER (Signed) Signed (Signed) Will State or country) Will State or country) Will	LO 198 to Nov 23 , 190 ast saw h w alive on Nov 22 , 190 to death occurred on the date stated above, at 3,3,0 0 as USE OF DEATH * was as follows:
7 AGE If LESS than l day hrs.	t death occurred on the date stated above, at 3,3,0,0,0
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER OF FATHER (Signed)	
10 NAME OF FATHER Chromas Objander (Signed) 11 BIRTHPLACE OF FATHER (State or country) (State or country) Or FATHER (State or country)	(Duration) Tis. mos.
	(Durstion) (Durstion) (Durstion) (Durstion) (Durstion) (Management of Injury and (2) Whether ental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER OF MOTHER OF Gentley (State of Country)	or Recent Residents) In the
(Informant) Clongo Co. Honor 19 PLA	place of death?
(Address) 20 UN Filed 192 20 UN Registrar Jf more bianks are needed, address State Registrat, 16 W.	E OF BURIAL OR REMOVAL DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Furmer (re or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Foreman, (b) engineer, Stationary fireman, etc. But in many 07 For many occupations a 37.8). Farm laborer, At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons Automobile factory. The material Laborerwho have no occupation single word or term on -Coal mine, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to the and causation), using always the same accepted term (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumania ("Pneumonia,")

approved (Recommendations on statement of cause of death carbolic acid-probably suicide. The n ture of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicuemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) leanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, can be ascertained as the cause. Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonueum, etc., Curcinomu, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS STATE MEANS OF INJURY or intercurrent) affection need not be Committee on Nomenclature etc. The Always qualify all contributory

If this certificate is looked over thoroughly and al questions answered, in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is bermariently filed.

DEC permanently fied.

STATE OF MARYLAND 07901 CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Elkton, Md.	(No
-----------------------------	-----

Inion Hospital St.

If more blanks are needed, address Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) Ward)

hinson

MEDICA	L CERTIFIC	ATE OF DEATH	
16 DATE OF DEATH	July	20th,	1930
*************************************	(Month))(Day)	(Year)
October 15th	ERTIFY, That	July 20th	eceased from
that I last saw h im	alive on JU	ly 19th	, 1320,
and that death occurre The CAUSE OF DEATH General pe	* was as follo	ws:	
of prostati	e absce	99	***************************************
004000000000000000000000000000000000000	************************	********************************	***************************************
	(Duration)	yts.,,91	nos5. ds.
Contributory Fee Secondary to Close same (Signed). J. H. July 21, 1930	(Durstion	might	mos 10 ds.
	ase Causing I	Death, or, in de	aths from) Whether
18 LENGTH OF RESI		Hospitals, Institut	tions, Trans-
At place of deathyrsmos	ds.	In the Stateyrs	mosds.
Where was disesse contractif not at place of dea.h?	ted, Elk	ton, Maryl	and.
Former or usual residence		************************************	
19 PLACE OF BURIAL			BURIAL y ·22 3

(Month) (Day) (Year) 7 AGE If LESS tha	PEF	SONAL AND STA	TISTICAL	PARTICUL	ARS
August 27th, 1888 (Month) (Day) (Year) 7 AGE 41 yrs. 10 mos. 20 ds. If LESS that I day hrow hrow his description or particular kind of work laborer (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Maryland. 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER			MAR	OWED.	Sincle
August 27th, 1888 (Month) (Day) (Year) 7 AGE 41 yrs. omes. 28 ds. or min. 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) MARYLAND 10 NAME OF FATHER (State or country) Maryland 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER			(Writ	te the word)	0111616
41 yrs. 10 mos. 20 ds. or min. 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER C State or country) Maryland 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER		August		27th,	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER Richard Hutchinson, 11 BIRTHPLACE OF FATHER (State or country) Maryland. 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	AGE	41 yrs.	/0 mos		If LESS that I day hrs or min.
Maryland 10 NAME OF FATHER Richard Hutchinson, 11 BIRTHPLACE OF FATHER (State or country) Maryland. 12 MAIDEN NAME OF MOTHER MOllie Milburn. 13 BIRTHPLACE OF MOTHER	(b) Gene business, which en	ral nature of industry or establishment in aployed or (employer)	,		
	0 10 NA FAT 0 11 BIR OF 12 MA V OF 12 MA V OF 13 BIR OF 1	THPLACE MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER	yland.		

Y, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould he used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons enfirst line will he sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation

fever (the only definite synonym is "Epidemic kerebroed term for the same disease. Examples: Cerebrospinal Co. 7-1230 EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept. The contract of t Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Dehility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol tetanus) may be stated under the head of "contributory. can he ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved hy Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-Whooping cough; Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



2

	PLACE OF DEATH County Cerel	STATE OF MARYLAND CERTIFICATE OF DEATH
/	Village or City Calling (No. Und.	Registration Dist. No. 72 Registration Dist. No. 72 (If drath occurred in a hospital or institution, give its NAME instead of street and
	2 FULL NAME Lany Gradley	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 25, 1930 (Month) (Day) (Year)
	6 DATE OF BIRTH (Nonth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceosed from 1920 to 25, 1930, that I last saw h anialize on 1930,
	7 AGE Standard St	and that death occurred on the date stated above, at 10300m. The CAUSE OF DEATH * was as follows:
1	8) OCCUPATION (a) Trade, profession or particular kind of work	Kleunelen Bhronies Crossor
0	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory (Duration) yrs. mos ds.
	(State or country) when he had a second to the head of	Secondary (Duration) yrs. mos. ds. (Signed)
	11 BIRTHPLACE OF FATHER (State or country)	*State the l'iscase Causing Death, or, in deaths from Wielent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Celen Frankly 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
	(Informant) Document	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) The throngs	20 UNDERTAKER Country CARDRESS 1930
	Filed Kills 192 / O Registrar Registrar	oseph Of Frank with East he 18 W. Saratoga St., Balto, Requesting V. S. No. 1.
	, and a state of the state of t	

(Approved by U. S. Census and American Fublic Health Association.)

whatever, write None. fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g. Farmer or Flanter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to e:ch and every person, irrespective cf business, that fact may be indicated thus; Farmer (rework, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken Physician, Compositor, Architect, report specifically the occupations of persons en-For many occupations a single word or term on Locomotive engineer,

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar) or intercurrent) affection need not be st-ted unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train "Atrophy." "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD Y, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

V. S. No. 1

PLACE OF DEATH County Coei	07962 STATE OF MARYLAND CERTIFICATE OF DEATH
\rightarrow \sim	Registration Dist. No. 96
Village or City Lessyille (No Colonial C	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White OR RACE SINGLE, MARRIED WIDOWS OR DISTRICTION OF WITH MARRIED OR WITH WARRIED OR WI	16 DATE OF DEATH L. J.
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h Malive on Auly 3, 1930.
7 AGE If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at 30 0m.
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Heart Disease
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory (theromata Secondary
10 NAME OF FATHER CURRENCE SACKSON	(Signed) (Address) Partle
C State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	Violept Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs
(Information Florence alvert	Former or usual residence DATE OF BURIAL
(Address) Jerrell, Mar.	Middle River Baltoco My 1930 20 UNDERTAKER ADDRESS
Registrar If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewije, Houseer," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. shopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature of the Chronic affection need etc. The contributory Always qualify all not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	07903 CERTIFICATE OF DEATH
County	(74a) Registration Dist. No.
Village or City Itagalallano. 2FULL NAME O Sephine	St.: Ward) (If death occurred in a hospitul or institution, give its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORDE OR DIVORDE (Write the most Adoute	16 DATE OF DEATH 26, 1980 (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that last saw h Nalive on 1929.
7 AGE Solvers. 4 mos. 20 ds. If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Alleromate
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Choplefy Secondary (Duration) yrs. mos. ds.
10 NAME OF FATHER OLIMINATION OF STATE	(Signed) The Magnace MD. (Signed) Address (Address) (Ad
Z (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	Violett Causes, state (1) Means of Injury and (2) Whether Accedental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place in the of deathyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Address) Conficelly M.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL SUP 27, 1930
15 Filed July 29 1930 Registra	20 INDERTAKER AUTHERS CONFIGNITION OF THE STATE OF THE ST
If more b.anks are needed, addre.s tate Kegistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia");

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menletanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely can be ascertained as the cause. "Uraemia, ""Weakness," etc., when a definite disease approved as fracture of skull, and consequences (e.g., sepsia, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by or intercurrent) affection need Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

				11 8 0 0		
County C	ecel	100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			CERTIFICAT	E OF DEATH
	0	•		(31)	Registration	Dist. No. 76
Village or Cit	Jerry Pour	Lers-	Jac	kson	St.: War	d) (If death occurre a hospital or ins tion, give its NAMI stead of street number.)
PERSO	NAL AND STATISTIC	CAL PARTIEU	ARS	MEDIC	CAL CERTIFICATE	OF DEATH
Male	18 lack	S SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	ingle	16 DATE OF DEATH	July	3 , 1925 (Day) (Year
6 DATE OF BI	Inknow.		, 1	apr 22	1980 to Ju	'//
7 AGE	(Month)	(Day)			arred on the date state	d above, at 2140 G
about.	-24 yrs. n	nosds,	or min.?	i	TH * was as follows: losis, Pulm	onary,
& OCCUPATION	N O	-		Chronis	Joe adr	ared
	nd of work Ole	valor				,
particular king (b) General in business, or	rofession or of he not of work of work of industry establishment in yed or (employer)	peralo	i e		(Duration)	Unknown
particular king (b) General in business, or	nd of work nature of industry establishment in yed or (employer)	valor Sperals Carol	Ina	Contributory Secondary		www.mos
particular kiu (b) General n business, or o which emplo 9 BIRTHPLACT (State or co	nd of work nature of industry establishment in yed or (employer) Eountry) OF AMULE	perals Carol Pack	ina	Secondary (Signed).	(Duration)	yrs mos
particular ku (b) General a business, or o which emplo 9 BIRTHPLAC! (State or co 10 NAME FATHER 11 BIRTHP OF FAT! Z	nd of work nature of industry establishment in yed or (employer) E ountry) OF C A A Mule	perals Carol Jack	ina Eson	(Signed). (Signe	(Duration) (Duration) (Duration) (Address) (Address) Disease Causing Death (1) Means of	wrsmos
particular king (b) General and business, or on which employed (State or continued or father of	ond of work mature of industry establishment in yed or (employer) country) orth A A A MARKE N NAME	perals Carol Carol Jack	ina	(Signed)	(Duration) (Duration) (Duration) (Duration) (Address) (Address) (Disease Causing Death of Means of I or Homicidal.	yrs. mos.
particular king particular kin	ond of work nature of industry establishment in yed or (employer) Fountry) Fourth OF CLACE HER OR COUNTRY) N NAME THER PLACE	perals Carol lack	ina	Secondary (Signed) State the Violent Causes, Accidental, Suicida 18 LENGTH OF R lents or Recent For At place of death Tyrs.	(Duration) (Duration) (Duration) (Address) (Address) (Disease Causing Death state (1) Means of 1 or Homicidal. ESIDENCE (For Hospital State of 1) (Esidents) In the state of 1 or Homicidal.	mos. Point 12 A, or, in deaths froi Injury and (2) Whether
particular king (b) General and business, or on which employed which employed which employed which employed (State or control of the state of control of the state of the stat	ond of work nature of industry establishment in yed or (employer) E country) OF C C C C C C C C C C C C C C C C C C	Carole Ca	ina Scon	Secondary (Signed). State the Violent Causes, Accidental, Suicida 18 LENGTH OF R lents or Recent F At place	(Duration) (Duration) (Duration) (Duration) (Duration) (Address) (Disease Causing Deat State (1) Means of I or Homicidal. (ESIDENCE (For Hosteridants) (In the contract of the contrac	mos. Tout A, or, in deaths froi Injury and (2) Whether pitals, Institutions, T
particular king (b) General in business, or which employed which employed which employed which employed with the same of the s	ond of work nature of industry establishment in yed or (employer) E country) OF C C C C C C C C C C C C C C C C C C	perals Carol Jack Jack Bon GF MY KNOWL NeckSor Utherin	ena Eson EDGE	(Signed). State the Violent Causes, Accidental, Suicida 18 LENGTH OF R lents or Recent F of death yrs. Where was disease conif not at place of de Former or	(Duration) (Duration) (Duration) (Duration) (Duration) (Ouration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Address) (Duration) (Page 1987) (Page 198	Fourt When the pitals, Institutions, T

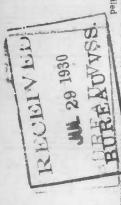
(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deallaborer, Foreman, (b) ician, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation Automobile factory. The material -Coal minc, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondar, or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mcre symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, by cough; Committee on Nomenclature Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed



3 SEX

7 AGE

ENTS

PARI

6 DATE OF BIRTH

OCCUPATION

9 BIRTHPLACE

(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in

(State or country)

OF FATHER

12 MAIDEN NAM

13 BIRTHPLACE

OF MOTHER

(Informant)

(State or country

(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

10 NAME OF

FATHER 11 BIRTHPLACE

which employed or (employer)

(Month)

(Day)

(Year) IIf LESS than

I day hrs.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in Ward) a hospital or institution, give its NAME instead of street and

16 DATE OF DEATH That Lattended that I last saw h luce and that death occurred on the date stated above, The CAUSE OF DEATH * was as follows:

MEDICAL CERTIFICATE OF DEATH

(Duration) Contributory

Secondary

(Duration) the Disease Causing Death, or, in

Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the

At place of death...yrs.......mos......ds.yrs......mos......ds. Where was disease contracted,

if not at place of death?. Former or

20 UNDERTAKER

usual residence 19 PLACE OF BURIAL OR REMOVAL

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

may nstructions be car impo shoul E OF SZ CAU occup/ shoul Every Item CIANS sho statement

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed .," etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is loss definite; avoid American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

Z. 33

County Cech	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Ullow (No	St.: Ward) St.: Ward) A hospitual or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH February 2 2 , 1930 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 16 LESS than I day hrs. (As. or min.)	that I last saw have alive on the date stated above, at the CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or A 74 particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yts, mos de.
10 NAME OF Robt Paguette 11 BIRTHPLACE OF FATHER 12 (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 M	Contributory Secondary (Duration) (Signed) (Signed) *State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Martha & Bristow OF MOTHER Martha & Bristow 13 BIRTHPLACE OF MOTHER (State or Country) Maryland	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs ds. State yrs ds. Where was disease contracted,
(Informant) Chiton faguette (Address) Elktor Ind Rd 15 Filed 16 22 1929 1 Bank Dayar	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Cherry Hill Cemetry 20 UNDERTAKER ADDRESS ADDRESS
If more banks are needed, addres tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the Arst line will be sufficient; e. g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus : Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CXUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal lever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuny Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"Congenital," "Senile," etc.), "Dropsy,"
> ," "Heart failure," "Haemorrhage," Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH County Ceel	STATE OF MARYLAND CERTIFICATE OF DEATH
P P +	Registration Dist. No. 96
FULL NAME William &	St.: Ward) (If death occurred a hospital or institution, give its NAME is stead of street as number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH 900 1856	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That Juttended the deceased from 1983. to 1983.
(Month) (Day) (Year) 7 AGE If LESS that day hrs or min.	The CAUSE OF DEATH * was as follows:
fa) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary Contributory Contri
11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN CONTENT 17 MAIDEN CONTENT 18 MAIDEN CONTENT 19 MAIDEN CONTENT 19 MAIDEN CONTENT 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 MAIDEN CONTENT 15 MAIDEN CONTENT 16 MAIDEN CONTENT 17 MAIDEN CONTENT 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAID	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Filed June 7 1930 L. F. Landen	Where was disease contracted, if not at place of death? Former or usual residence
/ Registrar	ar, 16 W. Saratoga St., Balto Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servand, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Form laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, respecially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Furmer (reployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

"Exhaustion,"
"Inanition," tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease (secondar, or intercurrent) affection need not be Whooping eough; Chronie Chronic interstitial nephritis, approved by Committee on Nomendature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, eorbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; l'oisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease American Medical Association.) Examples: Accidental drowning; Struck by railway troin-"Atrophy" "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi "Marasmus," "Old Age," "Shock," valvular heart disease, etc. The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V S. No. 1

MARGIN RESERVED FOR BINDING	WRITE ATT, WITH UNFADING INKTHIS IS A PERMANENT SO	N. B.—Every item of information should be carefully supplied. ACE should be stated E CIANS should state CAUSE OF DEATH in plain terms so that it may be properly statement of OCCUPATION is very important. See instructions on back of certifications of the contractions of the contraction of the contr
	RITE AINY,	item of informati should state CA lent of OCCUPATI
	D WE	N. BEvery I

PLACE OF DEATH County Cecil	02821 STATE OF MARYLAND CERTIFICATE OF DEATH
SO W. +	Registration Dist. No.
Village or City Con (No	St.; Ward) St.; Ward) A hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED Married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 19 Euch 27 , 192 6
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Musel 16 192 0 to Musel 27 3, 193 0, that I last saw how alive on Musel 27 3, 192 0,
7 AGE If LESS than day hrs. or min.?	and that death occurred on the data stated above, at J.,
B OCCUPATION (a) Trade, profession or Harrier particular kind of work	aut Cucling
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Derrange of flavor
10 NAME OF GEORGE JEWKINN	(Signed) (Address) M. D.
OF FATHER Z (State or country)	*State the l'iscase Causing Death, or, in desths from Violent Causes, state (1) Means of lojury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Susan Hornas	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of death yrs mos ds. In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) has David H. Levelius (Address) Rock Shings Pa	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ROCK Shings Pa Meli 30, 1930
15 Filed March 28 1982 Jauh Barel	20 UNDERTAKER Pippin Elkton Ind
If more b,anks are naeded, addra.s Ltate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from g. ged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed definite salary); may be entered as Housewife, House-Spinner, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). (b) Cotton mill; (a) Solesman, without more precise specification as Day For persons who have no occupation Locomotive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, telanus) may be stated under the head of "contributory." causing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping eough; Chronic valvular heart disease; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Aecidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be etc. The contributory

PLACE OF DEATH County Cee's	STATE OF MARYLAND CERTIFICATE OF DEATH
12.51	Registration Dist. No. 92
Village or City Elflon (No. 134 E 14 2FULL NAME Museau	St.: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Der 13, 1936	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw hall alive on 3, 1940
7 AGE If LESS that I day — hrs. yrsds. or Zo_min.	. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos de
9 BIRTHPLACE (State or country) Settlon had. 10 NAME OF FATHER Fred. John June 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 20 74 16	(Signed) (Durstion) yrs
of MOTHER Walrel Me Menney 13 BIRTHPLACE OF MOTHER (State or Country) Md **General Country of the Country of	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Informant) Fred . John Densen	Where was disease contracted, if not at place of death? Former or usual residence
(Address) rellar inf.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL North East Limitary Dec 17, 1930 20 UNDERTAKER ADDRESS
Filed 1929 January Registrar	or, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

7.5

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more received in the duties of the additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Bocomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Solesman, should be used only when needed. As examples: (a) whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus : I armer (re-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Automobile factory. The material For persons who have no occupation 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrogueal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condietc. The contributory valvular heart disease

X		7.6
0	WRITE A Y, WITH UNFADING INK-THIS IS A PERMANENT ECORE	N. B.—Every item of information should be carefully supplied. ACE should be stated SXACTLY, CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified.
	CCC	EX.
		atec
U	EN	9 0
DIN	N.A.	uid t
Z m	PER	shor
고 -	A	that
F	S IS	d. 6
/ED	THI	pplie
ER'	1×	y sul
SES	4 0	full pla
Z	DIN	care rH i
MARGIN RESERVED FOR BINDING	VFA	DEA
MA	in T	OF
	VIT	n sh
	Υ, ٧	CAL
	O	form
	A	of in
	TE	moda
	WRI	y ite
		Every item of information should be carefully supplied. ACE should be stated SXACT CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class
		m i
1		ż

PLACE OF DEATH	02822 STATE OF MARYLAND
County Cel	© CERTIFICATE OF DEATH
ENA	Registration Dist. No. 92
Village or City Olklous (No.	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME Jun 11	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Write (Write the word)	16 DATE OF DEATH MON, 3Rd, 1980 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw hamalive on 3/3, 1930,
7 AGE	
63 yrs. 10 mos. 26 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or January particular kind of work	Octation
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration)de.
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF)	(Duration) yrs
FATHER M TO THE TO THE TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOT	192 _/ (Address)
OF FATHER Z (State or country) M	*State the list ase Causing Death, or, in deaths from Violent Causes, state () Means of Lajury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Line Tyson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place of death yrs mos. ds. State yrs mos ds.
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Otherworth & Misson	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address Budge & Ellelon	Bosebank Cerveling Meh 6, 1030
15 Filed March 51920 & Brank Day Mg	20 UNDERTAKER ADDRESS
If more banks are needed, address tate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal men at home, who are engaged in the definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Spinner, nature of the business or industry, and therefore an Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housenwid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, arrespective of c," etc., Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) that fact may be indicated thus; Farmer (rewithout more precise specification as Day Compositor, Architect, For persons, who have no occupation (b) Stationary fireman, etc. But in many Automobile factory. The material Laborer-Coul mine, etc. Wom-Salesman. Locomotive duties of the (b) engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted fever (the only definite synonym is "Epidemic cerebrostinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Uraemia, "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (secondary or intercurrent) Chronic interstitial nephritis, American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid " "Weakness," etc., when a definite disease for malignant neoplasms); Measles; Chronic Example: Measles (disease "Senile," etc.), "Drcpsy, etc. The contributory affection need valvular heart Always qualify all disease; not be

-		PLACE OF DEATH	03
	C	ounty Cal	(99-7)
	Villa	age or City horthEast (No.	
		2FULL NAME Lydia C. Johns	<u> </u>
		PERSONAL AND STATISTICAL PARTICULARS	М
	3 51	en ale White (Write the word)	16 DATE OF D
	6 D	ATE OF BIRTH	Jan
		(Month) (Day), 1836 (Year)	that I last saw
-	7 A		and that death
		93 yrs. 6 mos. 1 ds. or min.?	On One
)	(8	CCUPATION 1) Trade, profession or	Chr
	pa (b	orticular kind of work O General nature of industry Usiness, or establishment in	(Sur
	11-6	hich employed or (employer)	Contributor
		(State or country)	
		10 NAME OF Sether Johnson	(Signed)
	STN	OF FATHER (State or country)	*St. te Violent Ca Accidental, S
	PARE	OF MOTHER am Winchesty	18 LENGTH
		OF MOTHER (State or country)	At place of deathyr
5	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was dise
10111		(Informant) John & Johnson	Former or usual residence.
200		(Address) Furth Easy hid	Bayr
ō	15	Filed 1-7-30 192 Sev W. Occass Registras	20 UNDERTA

If more blanks are needed, address State Registrat, 18 W. Stratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:		a hospital	occurred in or institu- ts NAME in- street and
MEDICAL CERTIFI	CATE OF	DEATH	
16 DATE OF DEATH		1	2 -
yan	4		1980
the same of the sa			(Year)
Jan 6 1929	las	/	180
	Win	-	19 3 9
that I last saw h An alive on			
and that death occured on the dat	e stated a	bove, at	
The CAUSE OF DEATH * was as fo	ollows:		
Chronie Br		.+	_
Chrone, V	ane.	mi	<i>•</i>
(8 lites	_)		
(Dars	(1011) 10	yrs1	nssds.
Contributory			
Secondary			
Pure	tion)	yra	mosds.
(Signed)	sec	E) M. D.
Jan 6 1930 (Address)	lanch	bust	, Ind.
*Stte the Discase Causin Violent Caus s, state (1) Mea Accidental, Suicidal or Homicidal.	g Death, ans of Inj	or, in de ury and (2	aths from 2) whether
18 LENGTH OF RESIDENCE (F.	or Hospita	als, Institu	tlons, Trans
ients or Recent Residents)	In the		
At place of deathyrsmosds.	State	yrs	mesds
Where was disease contracted, if not at place of death?			
Former or usual resideace	00000 00 00 00 00 00 00 00 00 00 00 00		
19 PLACE OF BURIAL OR REMOV	AL	DATE OF	BURIAL
Bandien M. C. Cen			, 19 2
20 UNDERTAKER	V	ADDRESS	0 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). laborer, sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. state occupation at beginning of illness. If retired from er," et ... should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g. . Farrer or Planter, cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Lousemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a on at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer. Stationary foreman, etc. But in many Never return 'Laborer." "Foreman," "Manager." "Dealworked on may form part of the second statement. Physician, report spenficially the occupations of persons en-Foreman, (b) For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material do asstic service for wages, as Serunt, Cook, without more precise specification as Day Compositor, For persons who have no occupation Architect, Locomotive engineer, The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; 'obbar pneumonia. Broachopneumonia ("Pneumonia")

"Uraemia," "Weakness," etc., when a definite discase "(Exhaustion," "Heart Janure, "Old Age," "Shock," stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory". carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Hacmorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; approved by Committee on (Recommendations on statement of cause of death Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy." "Collapse, Never report mere symptoms or terminal condicough; Chronic "," "Coma," "Convulsions, etc. The contributory valvular heart Nomenclature disease;

CORD	nted EXACTLY, PHYSI- pperly classified. Exact sertificate.
IS A PERMANENT	so that it may be pre uctions on back of
H UNFADING INK-THIS	ould be carefully supplied. OF DEATH in plain terms seems to wery important. See instri
WRITE AIL K, WITH	BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in piain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	WRITE AIR, WITH UNFADING INK-THIS IS A PERMANENT ECORD

PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH
WITHIN SDEPORT	Registration Dist. No. 92
Village or City COSLOVE (No.	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stand of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (23 1930 (Year) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year	that 1 last saw halive on, 192,
7 AGE If LESS the state of th	ars. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Dellon.
business, or establishment in which employed or (employer) BIRTHPLACE (State or country) With the country of	Contributory Secondary (Durstion) yrs. mos ds.
10 NAME OF FATHER William Johnson	(Signed) 7 H. Mc Devout M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Clara Christopher	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or
(Informant) Clava Chus lophue (Address) Sauce	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL And Andrews And House 19
15 File De 26 1920 Fraus frag	20 UNDERTAKER ADDRESS
If more bianks are naeded, address State Regis	trar, 16 W. Sqratoga St., Balto., Raquesting V. S. No. 1.

V. S. No. 1

ż

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH; gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a For persons who have no occupation single word or term on

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-" Uraemia, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease Chronic valvular heart disease; etc. The contributory

very important.

9

STATE OF MARYLAND 05432

SIAIL OI	INIV	IVIL	-VIA	U
CERTIFICAT	E O	FD	EA	TH
Registration	Dist.	No.	1	6

	1108.011.011	
tion, give its NAME in	t:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in stead of street and

number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH May 5 th, 1930
17 I HEREBY CERTIFY, That I attended the deceased from
May 3231930 to May 5, 1950 that I last sow h & alive on May 5, 1934
and that death occurred on the date stated above, at
The CAUSE OF DEATH * was as follows:
Cerebral Haemon hage
(Durstion)yrsmosd
Contributory Secondary (Durstion) yrs
(Signed) J. F. Magran May 7th 130 (Address) Deryulle Md
*State the Disease Causing Death, or, in deaths from Viblent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)

In the State

Where was disease contracted, if not at place of dea.h?...... Former or

DATE OF BURIAL ADDRESS

20 UNDERTAKER

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro-Typhoid fever (never report "Typhoid Pneumonia"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

> tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ot unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature of the

data is essential and must be obtained before the certificate is answered In detail, it will prevent further correspondence. permanently filed. If this certificate is looked over thoroughly and all questions

		Cecil	***********	***************************************		-
/	/	77 0				(31)
Y il	llage or Ci	ity U. S.	vetera	ns' Haspita	al, Perry	Point, M
	2 F 1	ULL NAMI	_ JONES	, Douglas	H. C-1	261 827
	PERSO	DNAL AND	STATIST	ICAL PARTIC	ULARS	
	ale	4 colo	R OR RACE	5 SINGLE, MARRIED, WIDOWED. OR DIVORCE (Write the wor	Married	16 DATE O
6 0	DATE OF B	IRTH				17
		************	May	28	, 1900.	FEbr
			(Month	(Day)	(Year)	that I last
7 A	AGE	30		06 J	If LESS than	The CAUSE
Bic	CCUPATIO		1 8 <u>U</u>	mos. 26 d	e. or min.	1. Tube
		N				a a dellare
No.	a) Trade, r	profession o	or C	Labores		
p (l b	a) Trade, particular ki b) General usiness, or which emplo	profession of ind of work nature of i establishme oyed or (em	ndustry ent in	Labore		ation of Duration
p (l b	a) Trade, particular ki b) General usiness, or	profession of ind of work nature of i establishme oyed or (emp	ndustry ent in			ation of Duration
p (l b	a) Trade, particular ki b) General usiness, or which emplo	profession of ind of work nature of i establishme oyed or (emp E country)	ndustry ent in			Contribused (Signed)
9 E	a) Trade, particular kib) General usiness, or which emplo SIRTHPLAC (State or company of the state of the sta	profession of ind of work nature of i establishme oyed or (emple country) OF R PLACE	ndustry ent in	Albany, Va		Contribused (Signed) Formula 24
ARENTS 6	a) Trade, particular kib) General usiness, or which emplo SIRTHPLAC (State or company of the state of the sta	or country) PLACE THER or country) NAME	ndustry ent in	Albany, Va		Contrib Second (Signed) F. June 24 *Stat Violent Accident
RENTS & B	a) Trade, particular ki b) General usiness, or which emple BIRTHPLAC (State or c 10 NAME FATHEI 11 BIRTHF OF FAT 12 MAIDE OF MOT 13 BIRTHI OF MOT	profession of ind of work nature of the establishme oyed or (em) E country) OF R PLACE THER OF COUNTRY) NAME THER PLACE THER	ndustry ent in	Albany, Va Unknown Unknown		Contrib Second (Signed) For June 24 *Stat Violent Accident: 18 LENGTI ients or At place
PARENTS 6 MAGENTS	a) Trade, particular kib) General usiness, or which emplois BIRTHPLAC (State or complete of the state of the	or Country) profession of ind of work work was a construction of interest of interest or country) place	ndustry ent in ployer)	Albany, Va Unknown Unknown	3.	Contrib Second (Signed) F June 24 *Stat Violent Accident: 18 LENGTI ients or At place of death Where was
PARENTS 6 MAGENTS	a) Trade, particular kib) General usiness, or which emplois surface (State or control of the surface of the sur	or country) E THER OF COUNTRY EN NAME THER PLACE THER OR COUNTRY E THER OR COUNTRY E THER OR COUNTRY E THER THER	ndustry nt in ployer)	Albany, Va Unknown Unknown Unknown	3.	Contribused Second (Signed) Former or usual resider
PARENTS 6 MAGENTS	a) Trade, particular kinds of the control of the co	or country) E IN NAME THER OR COUNTRY) E IS TRUE T	ndustry nt in ployer) OTHE BES	Albany, Va Unknown Unknown Unknown	3.	Where was of if not at pla

06611

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 96

Ward)

(If death occurred in a hospital or institu-

tion, give its NAME is stead of street and 61 827 number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH June (Month) (Day) (Year).... I HEREBY CERTIFY, That I attended the deceased from February 26 150 to June 24 , 1630. that I last saw h imalive on June 24 . 1930. and that death occurred on the date stated above, at 5:38 Asm. The CAUSE OF DEATH * was as follows: Tuberculosis, Pulmonary, chronic, advanced 2. Tuberculous enteritis, perforation of the bowel. 3. Peritonitis. #1. 3 yrs. #2. 9 mos. #3. 36 Contributory Secondary ...(Duration)yrs......mos... (Signed). IESHE, Med. Officer in Ch. 190. (Address) Perry Point, *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the - yrs. 3 mos. 28 ds. Where was disease contracted, if not at place of dea.h?...... Unknown Bassett, Va. usual residence..... DATE OF BURIAL Townes & Son, Undertakers Jure 26 , 180. Martinsville. Va ADDRESS nnington & Son, Havre de Grace, Md.

W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

Every

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more previous and name, etc. Wom-laborer, Farm laborer, Laborer—Coal name, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reworked on may form part of the second statement. report specifically the occupations of persons ento know (a) the kind of work and also (b) the For many occupations a single word or term on For persons who have no occupation But in

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., American Medical Association.) unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; Chronic Carcinoma, Sarcoma, etc., of etc. The contributory valvular heart Always qualify all disease;

S. No. 1

N .

11

PLACE OF DEATH	CERTIFICATE OF DEATH
Village or City Elkton (No. Wio.	Registration Dist. No. 9 2 St.: Ward) (If death occurred im a hospital or institution, give its NAME in
2FULL NAME Etta Jo	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Deb 12 , 1930 (Month) (Day) (Year)
6 DATE OF BIRTH Sec 29 1929 (Month) (Day) (Year)	that I last saw h W alive on H 16 12 , 1930,
7 AGE If LESS than 1 day hrs. yrs. / inos. / 4 ds. or min.?	and that death occurred on the date stated above, at 9 Pr. m. The CAUSE OF DEATH * was as follows: Drougho free free free free free free free fre
8 OCCUPATION (a) Trade, profession or — particular kind of work	Prinlary
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos da.
9 BIRTHPLACE (State or country) Maryland	Secondary (Durstion)yrs
10 NAME OF Ralston Jones	(Signed) M. Morrison M. D. Act 13 1930 (Address) Elpton, Mel
State or country) Manual Property Country Ma	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Daisy Belles	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence Column And
(Address) Electron (Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Fly 13, 1930
15 Filed Falm 13 19230 Afranch trage	20 UNDERTAKER Dippin Elkton m
If we have an model address that Kegistra	r. 16 W. Saratora St., Balto., Requesting V. S. ivo. 1.

01537

Approved by U. S.:Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness; that fact may be indicated thus; Farmer (re-tired 6: 978). For persons, who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., (a) Foreman, (b) Automobile factory. The material Spinner, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tle first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every or given up on account of the DISEASE CAUSING DEATH. g ged in domestic service for wages, as Scrvant, Cook, Housemand, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. household only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Stationary fireman, etc. But in many person, irrespective of (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term, for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Erhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, Never report mere symptoms or terminal condi-Committee on Chronic valvular heart disease, ," "Coma," "Convulsions, etc. The contributory affection need not be Nomenclature of the

4. S. No. 1

Z

PLACE OF DEATH County County	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 92
/ 85 11 . 1	1 1 451
Village or City Election (No. Mucon To	tion, give its NAME in stend of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
Toward White (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
00000	apr 21 1920 to ope 29 ,130
(Month) (Day) (Year)	that I last saw h A alive on apr 29, 1920
7 AGE [If LESS than	and that death occured on the date stated above, at
72 yrs. 5 mos. 28 ds or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Lobor Onecemon
(a) Trade, profession or Africal Africa	
(b) General nature of industry •	
Susiness, or establishment in which employed or (employer)	(Duration) yrs. d
9 BIRTHPLACE	Contributory
(State or country) Maryland	(Duration) yrs mos d
TO MAME OF	(Signed) Therbert Bales M. C.
FATHER Wallace Davis	4/30 1930 (Address) Eesclori Zud
OF FATHER	
Z (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
E 12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
a many muu	ients or Recent Residents)
13 BIRTHPLACE . OF MOTHER	At place of death yrs mos. ds. State yrs ds.
(State or country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death) Former or BOATAA
(Informant) Miss. John McGool	usual residence
801 - 2001	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Elkin Mais	The beneting May 2, 1930
15 Filed May 18 19230 Joseph Registra	20 UNDERTAKER ADDRESS Elklon Mol.
If mora blanks are needed, address State Registral	, 16 W. Saratoga Stf, Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

er," et ... tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enshould be used only when needed. As examples : (a) additional line is provided for the latter statement; is fulness of various pursuits can be known. The queswhatever, write None. played, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement Spinner, (b) Colton mill; (a) Salesman. nuture of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary foreman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Never return 'Laborer." "Foreman," "Manager." "1)eal-Foreman, to know For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation 11) (b) Automobile the kind of work and also (b) the factory. The material Locomolive engineer, not gainfully em-(6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitie"); Diphtheria (avoid use of "Croup"); Typhoid fever inever report "Typhoid Pneumonia"; Lobar pneumonia. Bronchopneumonia ("Pneumonia.")

> telanus) may be stated under the head of "contributory" diseases resulting from childbirth or miscarriage "PUERPERAL septicacmia," "PUERPERAL peritonitis," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease stated unless important. carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Careinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepses, uccident; Revolver wound of head-homicide; Poisoned by taken. can be ascertained as the cause. (secondary Chronic interstitial nephritis, unqualified, is indefinite); Two reulosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; or intercurrent) Chronic valvular heart disease; Example: Measles (disease affection etc. The contributory Always qualify all need not be

V. S. No.

N. B.-

PLACE OF DEATH	13702	STATE OF I	
County Cecil Cs	74-2	CERIIFICATE Registration	OF DEATH
Village or City Riving San (No.		St.: Ward)	(If dooth commend in
2FULL NAME The Lesse	UR!		number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
S SEX 4 COLOR OR RACE SINGLE, MARRIED, MUDOWED, OR DIVORCED (Write the word)	*	(Month)	2 , 1930 (Day) (Year)
6 DATE OF BIRTH	P .		ended the deceased from
(Month) (Day) (Year)	that I last saw han		2 , 1930 ,
7 AGE 10 6 If LESS than I day hrs. 66 yrs. 10 ds. or min.	The CAUSE OF DEA	rred on the date stated TH * was as follows:	above, at 4 7 m.
a) Trade, profession or particular kind of work (b) General nature of industry usiness, or establishment in which employed or (employer)		(Durstion)	yrs. mos S ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributory Secondary (Signed) S)	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or Country) 12 MAIDEN NAME		(Address) Death, tate (1) Means of In or Homicidal.	
12 MAIDEN NAME OF MOTHER Wary of Toward 13 BIRTHPLACE OF MOTHER (State or Country) Arcadia fan	18 LENGTH OF RE ients or Recent Re At place of death yrs	esidents) In the	tals, Institutions, Trans-
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contif not at place of dea Former or usual residence.	nacieu,	
(Informant) Reophy sur Jones	19 PLACE OF BURIA	L OR REMOVAL	DATE OF BURIAL
(Address) As my show Miles I filed Mr. G. C. Registrar	20 UNDERTAKER	your,	ADDRESS Plain, Sun mo
If more bights are needed, address State Registra	er, 16 W. Saratoga St.,	Balto., Requesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired fron Spinner, additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quesgaged in domestic service for wages, as Servant, Caok Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Furmer (re or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealr," etc., Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a yrs). Farm laborer, Laborer-Coul mine, etc. Wom-6 without more precise specification as Duy Cotton mill; (a) Salesman. Stationary fireman, etc. But in many For persons who have no occupation single word or term on (3) Grocery;

Statement of Cause of Death—Name, first, the DEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation, using always the same accepted to time and causation, using always the same accepted to time and causation is "Epidemic cerebrotypinal meningitis"); Diphtheria (avoid use of "Croup Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicuonia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc., "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (mcrely symptom-Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, menmay be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train— "Atrophy." "Collapse." "Cona," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY (name origin; "Cancer" is less definite; avoid by cough; or intercurrent) affection need not be Committee on Nomendature of the Chronic Example: Measles (disease valvular heart disease; etc. The contributory

V. S. No. 1

1PLACE OF DEATH County Cecil.	STATE OF MARYLAND CERTIFICATE OF DEATH
nea	Registration Dist. No. 94
Village or City Elb Neclo Md (No.	St: Ward) (If death occurred is a hospital or institution, give its NAME instead of street and
2FULL NAME William for	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. Single OR DIVORCED OR WIDOWCO. OR DIVORCED OR WITH the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Opril 13 1920 (Month) (Day) (Year)	that I last saw bly alive on 192
7 AGE If LESS than I day hrs or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or School Boy particular kind of work	Caedental Wrowning
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)yrsmosds.
10 NAME OF ashton Lee Jones	(Signed)
OF FATHER (State or country) Wirginia	Vident Causes, state (1) Means of Injury and (2) Whother accinental Saleigal or Homician
of MOTHER	RIB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Mrs Hubert S. Beam	Former or usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 319 Bevely Play Wil Hel	Thila Terra July 8, 1930
15 Filed 7-4-30 192 Seo W. Queses Registrar	Joseph R Leant Morth East, Me
If more banks are needed, addre.s Ltate Registra	ar, 16 W. Stratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from whatever, write None. of given up on account of the DISEASE CAUSING DEATH. Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, arrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Grocery;

EASE COUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal Tener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory

PLACE OF DEATH County buil	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 95
Village or City Rising Dan. (No. 2FULL NAME Willis By. for	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Au
Sept /2 , 1929 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from fall 30 1930. to July 31 1930, that I last saw him alive on July 30 1930,
7 AGE If LESS than 1 dayhrs. ormin.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs. mos ds. Contributory Judy Marion Secondary (Duration) yrs. mos. ds.
FATHER Willis fords 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) 10, Ouces M. D. *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injery and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) OF MOTHER (State or Country) OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Informant) Mrs. Willie Jones (Address) Riving Sun. md.	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL ALL 20 MYDERTAKER ADDRESS ADDRESS
Filed MAN MAN TO Registrar	J. G. Jyson, Rising Sun In 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. whatever, write None. For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, American Medical Association.) approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Chronic etc. The contributory valvular heart Nomenclature of the disease;

WRITE

V. S. No. 1

0		PHYSI-
	ECORD	d EXACTLY,
INDING	ERMANENT	hould be state t may be prope
ED FOR B	THIS IS A P	piled. ACE s
MARGIN RESERVED FOR BINDING	UNFADING INK-THIS IS A PERMANENT, ECORD	uid be carefully supplied. ACE should be stated EXACTLY, PHYSI- DEATH in plain terms so that it may be properly classified. Exact

Exact	PLACE OF DEATH County CRIL	STATE OF MARYLAND CERTIFICATE OF DEATH
fled.	Village or City Rising Sw. (No.	Registration Dist. No. 95
ACTI rassi te.	Village or City King (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME in-
rly c	2FULL NAME O harles Mauri	se Teicholf street and number.)
ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ay be st back of	Male White (Write the word)	16 DATE OF DEATH Sept 7, 1970 (Month) (Day) (Year)
ehor t it m s on	September /2, 1860 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920 to 1920 that I iast saw h Manualive on Aught 1920, 1920
piled. ACE	7 AGE 69 yrs. // mos. 25 ds. lf LESS than l day hrs. or min.?	and that death occurred on the date stated above, at 1 1 m. The CAUSE OF DEATH * was as follows:
ly supparain ter	(a) Trade, profession or particular kind of work	
in out	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
be caref EATH in importa	9 BIRTHPLACE (State or country) Mary land	Contributory Secondary (Durstion)de.
r very	10 NAME OF FATHER John Keilholf	(Signed) 18 xllxlx M. D.
AUS ION IS	of FATHER (State or country) Baltimore Mid	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
mat e C	of Mother Sarah Jane Massly	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
f inford stat	13 BIRTHPLACE OF MOTHER (State or Country) Back. Co, Mids.	At place In the of death yrs
OH	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
iten s sh nent	(Informant) Liella K Reliel	usual residence
Every item CIANS sho statement	(Address) Riving Lui	Brookwill and . sept 10, 1030
. B. 	Filed Sapt & 1930 Thru a In Registrar	L. E. Tyson Rivingsun Ind
Z	If more bianks are needed, address tate Registrar	, KW. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an For many occupations a single word or term on home, who are engaged in the duties of the without more precise specification as Day (a) the kind of work and also (b) the

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage cough; " "Marasmus," "Old Age," "Shock," Chronic Carcinoma, Sarcoma, etc., of etc. valvular heart disease; The contributory

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should size CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Y, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

V S No. 1

1 PLACETOF DEATH	WWY07966 STATE OF MARYLAND
County	CERTIFICATE OF DEATH
	Registration Dist. No. 96
Village or Cityl Myllell, (No. 2FULL NAME A OULL)	St.: Ward) (If d-ath occurred in a hospitul or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, WIDOWED OR OF WORKES (Write the work)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I get saw here alive on here 1932.
7 AGE yrs. 6 mos. 8 ds. or min.	and that death occurred on the date stated above, at 12 - 30 Am. The CAUSE OF DEATH * was as follows:
6 OCCUPATION (a) 1 rade, profession or particular kind of work (b) General nature of industry	Cholera Infantum,
business, or establishment in which employed or (employer)	(Duration)ds,
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER WILLIAM COLDY	(Signed) J. J. Magraw M. D. (Signed) J. J. Magraw M. D. (My 19 1920 (Address) Compute Wel,
OF FATHER (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER JOSEPH FLOUR	INGTH OF RESIDENCE (For Hospitals, Institutions, Truns-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Alland Control (Address) Jerry Will, U.S.	ASSAULTE OF BURIAL OR REMOVAL DATE OF BURIAL NEW SULLA SELLA 1930
15 Filed 7/20 190 L Laulero Registras	20 UNDERTAKER THE RESTANDENT CONFILES
If more blanks are needed, addre.s Ltate Registre	ar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relutive health-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Salesman, (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

st_ted unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, aceident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar; or intercurrent) affection need Whooping inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory not be

N. B.-Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-Y, WITH UNFADING INK-THIS IS A PERMANENT CORDA MARGIN RESERVED FOR BINDING WRITE

V. S. No. 1

PLACE OF DEATH	U5433 STATE OF MARYLAN	
County Olech	CERTIFICATE OF DEA	HTA
near Endualle	Registration Dist. No.	10
Village or City No	St: Ward) (If death a hospital	
2FULL NAME_Somuel	Alley tion, give it stead of number.)	s NAM
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male Wile Single, MARRIED, WIDOWED: OR DIVERSED USE	16 DATE OF DEATH MOLL ST., (Month) (Day).	1932 (Yea
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the de-	eased
(Month) (Day) (Year)	Dead Eli	, 19
7 AGE / If LESS than	and that death occurred on the date stated above, at	201
Whoreh 13 I day hrs.		
ds. or min.	I Townson the Manager	1
8 OCCUPATION (a) Trade, profession or	Wellow motion) ,-
particular kind of work	JA ALAA	4
(b) General nature of industry business, or establishment in	Carele Get ulation O.	1
which employed or (employer)	Contributory the Heart)
9 BIRTHPLACE (State or country) Delaward	Secondary Ourstion) yis	06
10 NAME OF FATHER ASSAULT Kelle	(Signed) John Corran Regin	tec
M II BIRTHPLACE	192(Address)	1
OF FATHER (State or country)	*State the Disease Causing boath, or, in deat Violent Causes, state (1) Means of Injury and Accidental, Spicidal or Homerdal	he fro
of Mother Cipaleth Rame	18 LENGTH OF RESIDENCE (For Hospitals, Institution in the state of Recent Residents)	ons, T
13 BIRTHPLACE OF MOTHER	At place of death yrs des. State yrs State	m os
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?	
(1) p://	Former or usual residence	
(Informant) form a laddle	19,PLACE OF BURIAN OR REMOVAL DATE OF	BURIA
(Address) Earleville	Imana Cercetery may	K, 19
15 Star 20 Vallenna.	O UNDERTAKER ADDRESS	1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more prevent for mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-laborer, Farm laborer, Laborer—the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). (b) Automobile factory. The For persons who have no occupation material Grocery;

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was under-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Committee on Nomenclature of the Chronic etc. The contributory valvular heart disease;

Z	= 0 1
2	3 5
m	5 = 0
4	٠ (
X	CE
WRITE LA Y, WITH UNFADING INK-THIS IS A PERM	We should state CAUSE OF DEATH in plain terms so that it may
10	D 8
=	9 8 6
I	E .
	0.0
, i,	7 - 5
X	2 -
4	= =
7 M	201
0	0 -
4	G T
	OF!
V.	04
[L	UM.
Z	D D
_	3 LL :
I	20
	(f) [14] "
	E 23 3
1	0
-	# OF
>	2 5
	- to 1
	5 th
A	500
	- 30
_	0 = 4
Ш	0
—	0 00
2	40
5	(0)
>	5 m

V. S. No. 1

in in the second of the second	3476
PLACE OF DEATH	STATE OF MARYLAND
County County	CERTIFICATE OF DEATH
20/4	Registration Dist. No. 12
Village or City 2 (No. No. 2 N	Ward) (If death occurred in a hospital or institution, give its NAME is steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCEO	16 DATE OF DEATH 20011 1930
(Write the word)	(Month) (Day) (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
March 19, 1	17 and 15 - 1920. 10 19 and 15 - 1930.
(Month) / (Day) (Year)	that I lest sew h matter on 17 miles 12.0.
AGE Denote IfLESS than	end that death eccurred on the date stated above, atm,
day hrs.	The CAUSE OF DEATH * was es follows:
yrsmosds. ormin.}	() 10 - 10 /2
B OCCUPATION (a) Trade, profession or	- anama put
particular kind of work	3-4 mos pregnances
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yre de.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) vis mos de.
10 NAME OF	(Signed) Trans A M. D. Marriel M. D.
FATHER WE fred W. K Smile	The second second
of Father DC	192 (Mddress) Ellis Med
(State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER frey R, Met-Colonia	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place in the
(State or country)	of deathyrs
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	Former or usual residence
(Informant) Lawy / Cyprell	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 15ll fin kee	, 19
15 File Viprelly 100 / Hanh Dayor	20 UNDERTAKER ADDRESS
If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed us At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deallaborer, first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer. Laborer-(b) Cotton mill; (a) Salesman. (b) without more precise specification as Day For persons who have no occupation b, Automobile factory. The materia -Coal mine, etc. Grocery,

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal forer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicuenta," "PUERPERAL peritonities," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Committee on Nomenclature Chronic etc. The contributory valvular heart

	PLACE OF DEATH	STATE OF MARYLAND
	County.	CERTIFICATE OF DEATH
	near n + E	182) Registration Dist. No.
1	Village or City / OUW 6 ONO.	St.: Ward) (If death occurred in a hospital or institu-
	2FULL NAME Robert No	tion, give its NAME in- stead of street and number.)
		7
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White Write We work	16 DATE OF DEATH (Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	76 rece 1 1888	192 1. to, 192,
	(Month) (Day) (Year)	that I last saw h Maative on 1920,
	7 AGE If LESS than I day,	and that death occurred on the date stated above, at
	yrsds. ormin.?	
	8 OCCUPATION (a) Trade, profession or particular kind of work	Trom information -
	(b) General nature of industry	Dan South Annum
d	business, or establishment in which employed or (employer)	(Durarion) A Sie mos Mos.
	9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) yts
	10 NAME OF Strand Kild	(Signed)
	OF FATHER (State or spuntry)	*State the Viscase Causing Death, or, in touths from Violent Causes, state (V) Means of Injury and (2) Whether Accidental, Suicidal or Honoicidal
	12 MAIDEN NAME of ANOTHERY abeth Glogal	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	(Informant) Windreld Head	Former or usual residence
	(Address) North Earn ma	Mt Moriah Cenetry July 12, 1930
	Filed 7-10-3092 Les les Orosas Registrar	20 UNDERTAKER ADDRESS North East Md-
	if more blanks are needed, address tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from er," etc., without more previous and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation bas been changed definite salary), may be entered as Housewife, Houseen at bome, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, For many occupations a single word or term on (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." (Recommendations of statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrbage," "Inanition," "Marasmus," "Old Age," "Shock," as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traindiseases Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic etc. valvular heart disease; The contributory

$\overline{\circ}$	ш >√
	Ped
E	at of o
Z	St
当	900
A	y b
₹	la de
E	4 7
2	t s
A	D P
S	A
(0)	500
王	lie
H	pp
1	su n t
Z	iy
75	Da a
2	rel
	H
ΑĪ	PA E
Ä	DE S
5	DI L
I	20
	Ø Ш
>	600
	To F
À.	Eon
	lat Eat
A	in so
	# B 0
Ш	000
II	eh
/R	SH
WRITE AT Y, WITH UNFADING INKTHIS IS A PERMANENT	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly statement of OCCUPATION is very important. See instructions on high statements of OCCUPATION is very important.
	CIL
	1
1	m
1	

PLACE OF DEATH	07908 STATE OF MARYLAND		
County CCC	CERTIFICATE OF DEATH		
	Registration Dist. No. 9/		
Village or City Chesaheaks City			
village or City City (140.	St: Ward (If death occurred in a hospital or institu-		
2FULL NAME Many Mr Kun	caid stead of street and number.)		
	Talliot,		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Terrole White Single, MARRIED, WIDOWED. OR DIVORED. OR DIVORED. (Write the word)	16 DATE OF DEATH July 25, 1980		
6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from		
mel 20 , 1850	1918 192 to Gales 25, 1920		
(Month) (Day) (Year)	that I last saw h Walive on Verles 24, 1930		
7 AGE [If LESS than	and that death occurred on the date stated above, at 3 P. m.		
875 4 1 dayhrs.	The CAUSE OF DEATH * was as follows:		
yrs. mos. ds. or min.?	Allerio Allerosis		
(a) Trade, profession or of 24 or of particular kind of work			
(b) General nature of industry			
business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.		
9 BIRTHPLACE (State or country) May land	Contributory Secondary		
10 NAME OF John 74 Jours	(Signed) M. D.		
II BIRTHPLAZE	Hully 24 192 (Address) Chlory Mel		
Z (State or country) way laces	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
of MOTHER Rebreca Ballenger	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-		
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the		
(State or Country)	of death		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?		
(Informant) Janua Kin caid	Former or usual residence		
(Address) Elkton 2nd	Bethel Cerety July 27, 1930		
Filed July 27 1930 B. Haward Brunner Registrar	20 UNDERTAKER 24 WPappin Elkton ht		
If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.			

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more previous arrival laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, nner, (b) Cotton mill; (a) Salesman, (b) Grocery:
Foreman, (b) Automobile factory. The material For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Ynanition," "Marasmus," "Old Age," "Shock," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death or as probably such, if impossible to determine definitely. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic and consequences (e.g., sepsis, etc. The contributory valvular heart disease;

WRITE

Exact

1 _F	LACE	OF DEATH			14867
Coun	ty(EC L	******************************		(Ú) -
Village				3 7 2 7	int, Maryland
	2FUI	L NAME KII	NG, Charles	F.º	C-470,460
PE	ERSON	IAL AND STATIS	STICAL PARTIC	ULARS	MEDI
3 SEX		White	SINGLE, MARRIED, WIDOWED. OR DIVORCE (Write the work		16 DATE OF DEATH
6 DATE	OF BIR	тн			17 I HEREI
		Unk (Mor	nown (Day)	, 1884 (Year)	January 18
7 AGE	4	6 yrs. Y nkn	. Over d	If LESS than I day hrs. or min.?	and that death occurrence The CAUSE OF DE.
busines which	neral names, or es	ature of industry stablishment in ed or (employer)			Contributory Secondary Insane
	ATHER				(Signed) #E-Co
T OI	RTHPL F FATH (State or	ER	th Carolina		*State the Violent Causes,
	AIDEN MOTH		own		Accidental, Suicida
13 B	IRTHPL MOTH State or	==	rth Carolins		At place 2 yrs 1
	Ormant	Records -	U. S. Veterans		if not at place of de Former or GP usual residence
(1111)	1			/	Swicegood From Danville V
15 Filed	12/8	130 192 CA	Carles ed Su	nressa	20 UNDERTAKER

14867 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

NAME KING, Charles F.	int, Maryland. St.: Ward) C-470,460 St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
White Single, Married Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH , 19 230 De Cember (Month) 8 (Day) 1930 (Year)
Unknown , 1884 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from January 18, 1928 to December 8, 1930 that I last saw him alive on December 8, 1930
yrs. Thknowns ds. If LESS than I day hrs. or min.?	and that death occurred on the data stated abova, at 9:15 Am. The CAUSE OF DEATH * was as follows: LObar Pneumonia.
ession or of work Painter	
re of industry blishment in or (employer)	(Duration) 7 days. Mos. de. Contributory General Paralysis of the
Winston Salem, N.C. John King	Contributory Secondary Insane (Duration) 2 yrs 9 mos 25 ds. (Signed) #E-Color M. D. F.E. Leslie Medical Off. in Chg. U.S. V. Hosp. December 8,930 (Address) Perry Point, Maryland
ountry) North Carolina	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
North Carolina	ients or Recant Residents) At place 2 yrs 10nos 20ds. In the State 2 yrs 10 mos 20ds. Where was disease contracted,
Records - U.S. Veterans	where was disease contracted, if not at place of deah? Unknown Former or Greens boro, N.C.
Hospital, Perry Point, Maryland	Swicegood Funeral Home, Dec. 11, 30
3) 192 Charles W. Turreson	20 UNDERTAKER ADDRESS R. Madison Mitchell Havre de Grace.
If more banks are needed, address State Registrer	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more provided mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman, (b) Compositor, Architect, Stationary fireman, etc. But in many Locomotive engineer, Grocery; ""Deal-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebro-problemer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

American Medical Association.) Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Chronic etc. valvulat heart disease; The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No.

>

ż

PLACE OF DEATH County Cecil	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City North East (No	Registration Dist. No. St.: Ward) a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single OR DIVORCED (Write the word) Aug 24, 19/5	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from 1923 0 to
7 AGE (Month) (Day) (Year) 7 AGE 14 yrs. 6 mos. 2 3 ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work Solve of the state of the sta	that Mast saw h alive on 4 1980, and that death occurred on the date stated above, a 100 cm. The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) (State or country)	Contributory Secondary (Duration) yrs. mos. ds.
10 NAME OF FATHER Miles King 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 10 NAME OF FATHER (State or country) 12 MAIDEN NAME 10 O	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Lewis Cole 13 BIRTHPLACE OF MOTHER (State or Country)	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. State yrs mos ds. Where was disease contracted,
(Informant) Miles King (Address) North Easy My Filed 3-22-30192 Les W. Oreget Registras	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UN DERTAKER ADDRESS ADDRESS Avstyll R Grant Morthlash Mag
If more blanks are needed, address Ltate Kegistra	, 16 W. paratoga St., Balto., Lequesting V. S. No. 1.

00000

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, to report specifically the occupations of persons en-," etc., Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Loborerwithout more precise specification as Doy -Cool mine, etc. Wom-6 Grocery;

Strtement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrost inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid jever (never report "Typhoid Pneumonia"); Lobar. pneumonia, Bronchopneumonia ("Pneumonia,"

> accident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shook," "Old Age," "Shook," carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

05434

STRIN DORFORATE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward) St.:

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 NINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May 6 , 130 (Month)—(Day) (Year)
Nw /0 , 1886 (Conth) (Day) (Year	17 I HEREBY CERTIFY, That I attended the deceased from 1930 to 1930, that I last saw have alive on 1930,
13 yrs. 5 mos. 2 de or min.?	The CAUSE OF DEATH * was as follows:
ession or Housewife	
try) Mary law Trank Become Beauty) Mary law Thank Become CE Sountry) Mary law	(Signed) *State the Discase Causing Peath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
TRUE TO THE BEST/OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place
10 19230 Frank France	Bethel Cerueten hoy 10, 1,30 and Undertaker Elkton hu
If more banks are needed, address State Hogistras	, 16 W. Saratoga St., Balte., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very inportant, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer. Physician, Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesmon. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day Compositor, For persons who have no occupation mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many -Coal mine, etc.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerobrospinal fever (the ally definite synonym is "Epidemic cerebrospinal mentalitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (nover report "Typhoid Pneumonia":

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (discase approved by Committee on Nomenclature telanus) may be stated under the head of "contributory" and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonities, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite diseasc "Inanition," "Marasmus," "Old Age, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perdonaeum, etc., Carcinoma, Sarcoma,, etc., or (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably succide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronicetc. valvular heart The contributory "Shock, Meastes; disease;

If this certificate is looked over thoroughly and all questions answered in dorail, it will prevent further correspondence. The data is essential and must be obtained before the certificate is permanently filed.

	1	
	L	
	Z X	
1	>	

S. No. 1

PLACE OF DEATH	01538 STATE OF I	
S A 1.1	Registration	92
Village or City Cotton (No	St.: Ward)	(If death occurred is a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
Ferrale White Single, Warried, Wildowed, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)	9 19 3 0 (Year)
S DATE OF BIRTH (Month) (Day) (Year)	that I last saw h & alive on A	
7 AGE 10 yrs. 4 mos. 24 ds. If LESS that I day hr	The CAUSE OF DEATH * was as follows:	l above, at
(a) Trade, profession or and School particular kind of work		
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)	bably mos 14 de
9 BIRTHPLACE (State or country) May Develoue	Contributory Secondary (Duration)	vrsde
10 NAME OF allen Kline	(Signed) Mo Act 10 1930 (Address) Elk	tor ma
OF FATHER (State or country) Many law	*State the l'iscase Causing Death, Violent Causes, state (1) Means of Ir Accidental, Suicidal or Homicidal.	or, in deaths from a njury and (2) Whether
of MOTHER Lavinia Staeffer	18 LENGTH OF RESIDENCE (For Hospi ients or Recent Residents)	
OF MOTHER (State or Country)		teyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual readence	
(Informant) Elkton. Zul	19 PLACE OF BURIAL OR REMOVAL Elston Cemetry	Fely 10, 193
15 Filed Fell 10 19230 Johnson Fronce Registral	2D UNDERTAKER	Elkton zu
If more blanks are needed, addre.s Ltate Registr	ar, 16 W. Saratoga St., Balto., Requesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from of given up on account of the DISEASE CAUSING DEATH giged in domestic service for wages, as Servant, Cook, cupation is very important, so that the relative healthwhatever, write None. work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Househeepers who receive a er," etc., Without more proven. Coal mine, etc. Wom-laborer, Farm laborer, Läborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons enengineer, Stationary fireman, etc. But in many to know (a) the kind of work and also (b) the For many occupations a single word or term on For persons who have no occupation person, irrespective of

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlikeria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary) unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS STATE MEANS OF INJURY American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Chronic valvular heart disease, Example: Measles (disease etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important, See instructions on back of certificate. CORD WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

1PLACE OF DEATH	STATE OF MARYLAND
County Cecil	CERTIFICATE OF DEATH
Elitora Mais	Hossital Registration Dist. No. 92
2FULL NAME CHURAINE	St: Ward) (If death occurred i a hospital or institution, give its NAME in stead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 192 0 (Month) (Day) (Year)
Stell Bonn, 1	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw ham alive on 192.
7 AGE If LESS than 1 day hrs.	and that death occurred on the dete stated above, atm The CAUSE OF DEATH * was as follows:
yrs mos ds. or min.?	4.
a) Trade, profession or	
particular kind of work (b) General nature of industry	Juennus -
business, or establishment in which employed or (employer)	(Duration) yre mos de
9 BIRTHPLACE (State or country) Zul	Contributory Secondary Dufation VIS. mos. de
10 NAME OF Charles Kleekieary	(Signed) M. D
OF FATHER (State or country)	*State the Distase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Wary blubely 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) no suformation	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Charles Klicking	Former or usual residence
(Address) Election Trul Ro.	Election Coeffice Ceruty Jun 9, 1932
15 Filed Jane 9 180 J. Maris Degition 12	20 UNDERTAKER ADDRESS UKtow W
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

see note from D. Kane 4/26/3, alout set and

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. household only (not paid Housekeepers who receive a worked on may form part of the second statement. ner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condi-Chronic etc. The contributory affection need not be valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PERSONAL AND STATIST	TICAL PARTICULARS MEDICAL	CERTIFICATE OF
Temale White	MARRIED, WINGWED	Dec. 12
6 DATE OF BIRTH	e 219, 1979	RTIFY, That I atten
7 AGE / yrs. 6	mos. 10 ds. or min.?	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Jan Franchistoria	Duration)
9 BIRTHPLACE (State or country) 10 NAME OF FATHER STREET STREET OF FATHER Z (State or country)	Contributory Secondary (Signed) (Signed) (J-/3- 1930 (A *State the Disease Violent Causes, state	Causing Death,
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	Accidental, Suicidal or Ho 18 LENGTH OF RESIDE ients or Recent Residen At place of deathyrsmos Where was disease contracted	omicidal. NCE (For Hospitalits) In the State.
(Informant) (Address) (Address) (Address) (Filed/Z-/3-3092)	if not at place of death? Former or usual residence	

PLACE OF DEATH

Village or City

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	7		41
Kegistration	Dist.	No.	4

Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

DATE OF BURIAL

ATE OF DEATH(Day) (Year)..... I attended the deceased from stated above, at Death, or, in deaths frem of Injury and (2) Whether Hospitals, Institutions, Trans-In the State yrs mos ds.

8. No. 1

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). gaged-in domestic service for wages, as Servont, Cook, household only (not paid Housekeepers who receive a laborer, Form laborer, Laborer -- coat mane, eve. woun-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer freor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Form laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material But in many Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal of fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> "Ethaustion," "Heart failure," "Maemorthage, "Shock," "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, corbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature Examples: Accidental drowning; Struck by roilway troin-Recommendations on statement of cause of death "Atrophy," "Collapse, Never report mere symptoms or terminal condicough; or intercurrent) Chronic Example: Measles (disease ," "Coma," "Convulsions, valvular heart etc. The contributory affection need not be disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN

There being no physician in attendence, this certificate was your Ar me by Howard H. Green Leo W. Omens

V. S. No. 1

R. B.

1	CORB	erly classified. Exact rtificate.
BINDING	PERMANENT	should be state it it may be proposed on back of ce
MARGIN RESERVED FOR BINDING	WRITE ANY, WITH UNFADING INK-THIS IS A PERMANENT CORD	Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
(WRITE JAY,	Every Item of Informatic CIANS should state CA statement of OCCUPATI

Vill	age or City		' Hospital, Perry Po	a bossitul or institut
	²FUI	L NAME LANT	ON, Daniel C-	tion, give its NAME in stead of street and number.)
	PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	[ale	4 COLOR OR RACE White	S SINGLE, MARRIED, WIDOWED. OR DIVORCED MARRI ed (Write the word)	16 DATE OF DEATH Jamuary 1, 192 30 (Month) (Day) (Year)
6 D	ATE OF BIR		27 11007	June 16, 19230 to January 1, 19230
		(Month		that I last saw h im alive on January 1, 1930.
7 A		36 yrs. 1	If LESS than I day hrs.	The CAUSE OF DEATH * was as follows:
(a	Trade, pro	ofession or d of work	Salesman	
pa			,	
pa (b bu	General na siness, or es	ature of industry stablishment in ed or (employer)		Approximately ten years (Duration) yis mos de
pa (b bu	General na siness, or es	ature of industry stablishment in ed or (employer)		Contributory Secondary (Durstion) yrs mos ds
pa (b bu) General national siness, or exhich employed RTHPLACE (State or could name of FATHER	ature of industry stablishment in ed or (employer) intry) Turl F	ke y	Contributory Secondary (Durstion) (Durstion) (Signed) (Signed) (Signed) (Contributory (Durstion)
y s s	O General national siness, or exhich employs RTHPLACE (State or cot NAME O FATHER II BIRTHPL OF FATH (State or	ature of industry stablishment in ed or (employer) Intry) Turl F Frank ACE ER country) Turl	key Lanton	Contributory Secondary (Durstion) (Durstion) (Signed) F. E. LESLIE, Medical Officer in Charge Jan. 2, 1930 (Address) Perry Point, Maryland
ARENTS 8 6	OGENERAL DE SINESS, OT ESTADOS DE SINESS, OT ESTADOS DE SINESS DE	ature of industry stablishment in ed or (employer) intry) Turl F Frank ACE ER country) Turl	key Lanton	(Signed) *State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
SENTS Property of the second	OGENERAL DE SINESS, OT ESTADOS DE SENSOS DE SE	ature of industry stablishment in ed or (employer) intry) Turi F Frank ACE ER country) NAME IER Un ACE ER Un	key Lanton key	(Signed) *State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death 4 yrs. 4 mos. 2 ds.
PARENTS 8 6 Page 10 Pa	OGENERAL DE SINESS, OT ESTADOS DE SENDIO DE SE	ature of industry stablishment in ed or (employer) intry) Turi F Frank ACE ER Country) NAME IER Uni ACE IER Country) Uni Turi	key Lanton key known	Contributory Secondary (Durstion) (Durstion) (Signed) F.E. LESLIE, Medical Officer in Charge Jan. 2, 1950 (Address) *State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place 4 yrs. 4 mos. 9 ds. Where was disease contracted, if not at place of death? Unknown
PARRYTA STANBARY STAN	OGENERAL DE SINESS, OT ESTADOS DE SINESS, OT	ature of industry stablishment in ed or (employer) Turiff Frank ACE ER Country) NAME IER Un ACE IER Country) Un TURE TU	key Lanton key known T OF MY KNOWLEDGE S. Veterans' Hospital t, Maryland.	Contributory Secondary (Durstion) (Signed) F. E. LESLIE, Medical Officer in Charge Jan. 2, 1930 (Address) *State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place 4 of death 4 yrs. 4 mos. 9 ds. Where was disease contracted, if not at place of death? Former or 1425 N. Peach Street, Philas, Page

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, greed in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Furm laborer, Laborer-Coul mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tle first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Locomolive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphilheria (avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature (Recommendations on statement of cause of or as probably such, if impossible to determine definitely. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular Chronic interstitial nephritis, etc. Th use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The p. ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.

and the same of th	PLACE OF DEATH.	STATE OF MARYLAND CERTIFICATE OF DEATH
/	Village or City Elklow Molinon	Registration Dist. No. 92 St.: Ward) (If death occurred in a hospital or institution, give its NAME in -
1	2FULL NAME Harry M. L.	angelese steed of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White Single, MARRIED Many OR DIVORCED (Write the word)	16 DATE OF DEATH JUNE 7 1920 (Month) (Day) (Year)
	6 DATE OF BIRTH May (Month) (Day) (Year)	that I last saw him alive on the Sit, 1920.
		and that death occurred on the date stated above, at
	7 AGE IFLESS than I day hrs.	The CAUSE OF DEATH * was as follows:
	yrs. O mos. de. or min.?	(2)
9	8 OCCUPATION	Wolon infection of Hallbladder
1	(a) Trade, profession or Singe waste	with on hosene ?
The same of	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mos 6 ds.
	9 BIRTHPLACE (State or country) Many law	Contributory Secondary A (Dustries) Ayes mos. de.
	10 NAME OF FATHER Micholas Langelere	(Signed) . H. M. Drugkh. M.D.
	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Martha Mitchell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country) Personal Variation Of Mother Country)	ients or Recent Residents) At place in the State yrs ds. Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	my alice Largelen	Former or usual residence
	(Address) Elkton hal	Elkton Cemetery June 10, 1934
	15 Filed June # 19230 Johnson Bragara	20 UNDERTAKER ADDRESS Elkton M. S. Pippin
	If more banks are needed, addre s ttay Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate, occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servanl, Cook, housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of eupation is very important, so that the relative health-Statement of Occupation-Precise statement of oeor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a whatever; write Nonc. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day Stationary fireman, etc. But in many 9 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease eausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Caneer" is less definite; avoid telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS State MEANS OF INJURY American Medical Association.) (Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, or intercurrent) affection need not be ass important. Example: Measles (disease for malignant neoplasms); Measles, Chronic valvular heart disease etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 26 1930

WRITE

60 2

PLACE OF DEATH County	02824 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Elkton (No	Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March 30, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE (If LESS than	17 I HEREBY CERTIFY, That I attended the deceased from May 24 132a. to Mon 30, 132a, that I last saw by alive on May 29, 192a,
3 yrs. 9 mos. // ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(Duration) yrs mos ds. Contributory Secondary
10 NAME OF Edwin M. Layton 11 BIRTHPLACE OF FATHER (State or country) South Carolina 12 MAIDEN NAME (1)	(Signed) (Address) (Addres
OF MOTHER Ugnes / refce 13 BIRTHPLACE E OF MOTHER (State or Country) (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Edwin he Layton (Address) Letter Mid RD	if not at place of dea.h? Former or usual residence
Filed 192 Registrar	HOPPippin Elitor Int
If more banks are needed, addre.s Ltate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Lay laborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery; nature of the husiness or industry, and therefore an Civil engineer, tle first line will be sufficient, e. g., Farmer or Plonter, or given up on account of the DISEASE CAUSING DEATH. g. ged in demestic service for wages, as Servont, Cook ployed. as At school, or At home. Care should be taken Physician, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on yrs.). Compositor, Architect, For persons who have no occupation Stolionory fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEATE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meniagitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suicide. The n .ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railwoy troin-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condior intercurrent) Chronie valvulor heart disease, affection need etc. The contributory not be etc., of

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND

rst- xact	PLACE OF DEATH	STATE OF MARYLAND
T U	County Select	CERTIFICATE OF DEATH Registration Dist. No.
ated EXACTLY, operly classifie certificate.	Village or City Dort Depart (No. A) 2FULL NAME Mary Elegabeth	St.: Ward) (If doath occurred in a hospital or institu- tion, give its NAME ir- stend of street and number.)
stated proper of certi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
should be it may be s on back o	Jewell White Single, Married, Widowed Write the word) G DATE OF BIRTH April 91, 1880	16 DATE OF DEATH AW - 96 1950 (Month) (Day) (Year) 17 I HERELY CERTIFY, That I attended the deceased from Tec. 10 1929. to Jan 76 , 1950,
piled ACE ms so that instruction	(Month) (Day) (Year' 7 AGE 149 yrs. 9 mos. 5 ds. or min.?	and that doath occured on the white stated above, at 140 m. The CAUSE OF DEATH * was as callows:
be carefully sup ATH in plain ter important. See	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	General Metastis (Duration) yrs. mos. ds
Information should be c state CAUSE OF DEATH CCUPATION is very imp	10 NAME OF FATHER 6.6. STyle 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 DO NAME OF MOTHER 14 DO NAME OF MOTHER 15 DIRTHPLACE OF MOTHER 16 DO NAME OF MOTHER 17 DO NAME OF MOTHER 18 DIRTHPLACE OF MOTHER 19 DO NAME OF MOTHER 10 DO NAME OF MOTHER 11 DIRTHPLACE OF MOTHER 12 DO NAME OF MOTHER 13 DIRTHPLACE OF MOTHER	Secondary (Signed) *State the Disease Causing Iveath, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds State yrs mos ds
CIANS should statement of OC	(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Trans headed. (Address) Sellow, Ind., P.D	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Tusing him Ceruelise Jan. 79-, 1930 20 ONDERJAKER MORRESS L. J. Lillemanter Exclusion, Ma
20	Lange monthly Man Registras	7

If more blanks ere needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

WRITE PLANT

WITH UNFADING INK---THIS IS A PERMANENT R

BINDING

MARGIN RESERVED FOR

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer-Coal mine, etc. tired 6 yrs). Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g. . Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement Civil engineer, business, that fact may be indicated thus; Farmer (re-Mousemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons cnhousehold only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager." "Deal-Physician, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day Compositor, For persons who have no occupation Stationary fireman, etc. Architect, Locomolive engineer, But in many The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-disease (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pacumonia. Brouchopneumonia ("Pneumonia, Brouchopneumonia ("Pneumonia, Brouchopneumonia)

stated unless important. Example: Measles (disease "PJERPERAL seplicaconia," "PUERPERAL perilonitis," etc. " Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OFINJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "" "Weakness," etc., when a definite disease "Exhaustion," (secondary or intercurrent) affection need not be Whooping inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; " "Marasmus, " "Old Age, " "Shock," Chronic valvular heart disease; Carcinoma, etc. The Sarcoma,, etc., of contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate in permanently filed.

V. S. No. 1

TEACE OF DEATH	6338 STATE OF MARYLAND
County County County	CERTIFICATE OF DEATH
D 10 1/2	Registration Dist. No. 96
Village or Citye My Count (No.	St.: / Ward) (If death occurred
2FULL NAME De Forest (V.	a hospital or instition, give its NAME stead of street in number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Jan 17 - , 1930
6 DATE OF BIRTH (Write the word surger	(Month) (Day) (Year)
Jan 16 .93	Jan 16 1924 to Jan 16 192
(Month) (Day) (Year)	that I last saw h 1 Welive on Jour / 6, 193
7 AGE	and that death occurred on the date stated above, at
I day thre	The CAUSE OF DEATH * was as follows:
yrsds. or dmin.;	Arlinative
(a) Trade, profession or particular kind of work	7
(b) General nature of industry	· · · · · · · · · · · · · · · · · · ·
business, or establishment in which employed or (employer)	(Duration)yremoe
9 BIRTHPLACE (State or country)	Contributory Secondary
I 10 NAME OF //	Duration) yrsmos
FATHER THE FATHERY VEECLV.	(Signed) p State of the Mark 11
0 11 BIRTMPLACE OF FATHER	117 190 O(Address) Fort & Growt VI
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER STAND MANAGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) De Frank C. Leech	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Tenus Square Par	Vignolingham Cell Jaw. 11, 190
Filed 1-17 1030 L Banden	20 a. Staran Constrol
If more banks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the er," etc., without more provided anine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emadditional line is provided for the latter statement; it Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Shock," "Shock," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJUNY Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

6	1	so that it may be properly classified. Exact
0	N	Ŧ W
- 4		, po
	0	Times and a
	NE.	as ias
	$\frac{1}{2}$	X C
		po di
	T	rop
(¹)	EN	800
ž	AN	DAG
0	Z.W.	na
31	E	it
FOR BINDING	IS A PERMANENT CORD.	E
O	S	A
IL,		- 8

PLAC	E	OF	DEAT	Н	
ounty	Ce	ci l			

12336

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 96
age or City U. S. Ve terans Hown ital, Perry I 2FULL NAME LEHR, John C-Spanish	tion, give its NAME in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married, Wildowed (Write the word)	0cto ber 6 , 192/30 (Month) (Day) (Year)
ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
May 20 , 1 869 . (Month) (Day) (Year)	September 6 19230 to October 6 , 19250 that I last saw h im alive on October 6 , 192.3
If LESS than I day hrs. 61 yrs. 4 mos. 17 ds. or min.?	and that death occurred on the date stated above, at 12:26 Pam The CAUSE OF DEATH * was as follows: Cancer of the stomach 2. Aneurysm.
CCUPATION) Trade, profession or tricular kind of work Laborer	of the thoracic aorta.
siness, or establishment in	(Duration) 1 & 2 - Unknown de
RTHPLACE (State or country) Germany	Contributory Psychosis with Cerebral Secondary Arteriosclerosis, prangunced Duration:
10 NAME OF Michael Lehr	(Signed) F.E. LESIJE Med. Officer in Charge.
OF FATHER Germany (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of mother Mary Lameska	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmos
HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah? Former or usual residence 1412 E. Gough St., Balto., Md.
(Address) Perry Point, Md.	National Cemetery, Loudon Oct. 7 19 30
Filed Oct: 7 1980 Clauslas LS. Sucrescon	20 UNDERTAKER ADDRESS R. Madison Mitchell, Havre de Grace, Md.
	PERSONAL AND STATISTICAL PARTICULARS EX A COLOR OR RACE MARRIED. WIDOWED. WI do wed OR DIVORCED (Write the word) ATE OF BIRTH MAY 20 A Mos. (Month) (Day) (Year) GE If LESS than I day hrs. or min.? CCUPATION) Trade, profession or reticular kind of work) General nature of industry usiness, or establishment in hich employed or (employer) RTHPLACE (State or country) Germany 10 NAME OF FATHER Michael Lehr 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER GERMANY (State or Country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) HOSDITAL Re COR'DS (Address) Perry Point Md.

V. S. No. 1

WRITE

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., nature of the business or industry, and therefore an gaged in domestic service for wages, as Servant Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, whatever, write None. business, that fact may be indicated thus; Farmer Treor given up on account of the DISEASE CAUSING DEALH, Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, (b) Automobile factory. The material Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrashal, fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tedanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e: g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as Chronic etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

	all	-		
1	9	3/	1	
1	y	A	1	
-	(7	€.	

N. B.--Every Item of information should be carofully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH	12337 STATE OF MARYLAND
County Celcil	CERTIFICATE OF DEATH
Village or City Elpton (No	Registration Dist. No. St.: Ward) A hospital or institution, give its NAME is
2FULL NAME Leilig	stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH October 1 , 193 0
6 DATE OF BIRTH October 1 1930 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from October 1920 to October 1922 that I last saw him alive on October 1 3, 1922
7 AGE Premeture If LESS than I day hrs. yrs. 3 nios. ds. or min.	
6 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	h
business, or establishment in which employed or (employer)	(Duration) yrs. 2 mos de.
9 BIRTHPLACE (State or country) Elkton, MS.	Secondary Duration) yrs. mosds
10 NAME OF FATHER William Leibig	(Signed) Jacob M. D. (Address) Eller M. D.
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Olive Rhodes	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of deathyrsmosds. In the Stateyrsmosds Where was disease contracted, if not at place of death?
(Informant) Delivy St. big	Former or usual residence
(Address) 9 Ph	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed OV 7 1930 Barry Brayer	20 UNDERGENTALIUM ADDRESS Degreed of by Facult
If more banks are needed, addre.a Ltate Registra	r, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of etc., Foreman, Or For many occupations a single word or term on yrs). Farm luborer (b) Cotton mill; (a) Salesman. At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer--Coul mine, etc. (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal funct (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid funct (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasums,
"Traemia," "Weakness," etc., when a definite disease "Tons, such atic), "Atrophy," "Collapse," "Coma, atic), "Atrophy," "Collapse," "Senile," etc.), "Dropsy," "Pebliity" ("Congenital," "Senile," "Haemorrhage," "Trahaustion," "Heart failure," "Haemorrhage," "Shock," approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if inpossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "Exhaustion," "Heart tanue," "Old Age," "Shock," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need accordance (disease use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Committee on Nomenclature Chronic valvular heart etc. The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

d. ACE chould be	y item of information should be carefully supplied. ACE chould be	0	item.
S IS A PERMANE	WRITE A, WITH UNFADING INKTHIS IS A PERMANE	[1]	/RITI
FOR BINDING	MARGIN RESERVED FOR BINDING		

PLACE OF DEATH	05435 STATE OF MARYLAND
County Cee	CERTIFICATE OF DEATH
	Registration Dist. No. 92
Village or City New Yestlor (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Museo	Lidlich stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
may 2 1930	192, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE [If LESS than	and that death occurred on the date stated above, at
Vrs. Smos. ds. or Smin.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION	2 000 200 200
(a) Trade, profession or	V-woo market for
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration) yrsmosde.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Certs 6 2ml	Secondary (Duration) yrs raos ds.
10 NAME OF PROBLEM LEISTING	(Signed) Herbert Bales M.D.
11 BIRTHPLACE	5/20 190 (Address) 200000000000000000000000000000000000
OF FATHER (State or country)	*State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Margaret Seeleye	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER Truck	At place of deathyrsmosds, Stateyrsmosds,
(State or Country)	Where was disease contracted, if not at place of dea h?
(Informant) Mrs C.R. Leidbich	Former or usual residence
(Address) Rection had R#D	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1930.
15 Filed May 2 1922, Je Dans & Bally	20 UNDERTAKER ADDRESS
If more p.apks are needed, addre.s Ltate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

ż

(Approved by U. S. Census and American Public Health Association.)

Spinner, sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the lirst line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g ged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material For persons who have no occupation The ques-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Inanition, "(Debility" ("Congenital," "Senile," etc.), "Dropsy," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, " "Marasmus," "Old Age," "Shock," or intercurrent) affection need not be Chronic etc. valvular heart disease; The contributory Measles ;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE

20

Filed

No. 1

oź.

PHYSI-

Male White Widowed. OR DIVORCED (Write the word) B DATE OF BIRTH June 2 , Mage (Month) (Day) AGE (Month) (Day) B COCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) BIRTHPLACE (State or country) IO NAME OF FATHER (State or country) II BIRTHPLACE OF FATHER (State or country) IZ MAIDEN NAME OF MOTHER (State or Country) BIRTHPLACE OF MOTHER (State or Country)	(PLACE (10 00 00 mmm	ou ab a c oé sangaitus	
Male White Single. Married Wildowed. Or Divorced (Write the word) AGE Month (Day) AGE Mon	/ill					
Male White Widowed. OR DIVORCED (Write the word) DATE OF BIRTH June 2 , Mage (Month) (Day) AGE (Month) (PERSONA	L AND S	TATISTI	CAL PARTI	CULARS
(Month) (Day) 7 AGE 38 yrs. 8 mos. 30 ds. or 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER William J. Leonard 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	3 S				MARRIED, WIDOWED, OR DIVORG	Single ord)
(Month) (Day) AGE 38 yrs. 8 mos. 30 ds. or B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Uniontown, Pa. 10 NAME OF FATHER William J. Leonard 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	3 D	ATE OF BIRTH	4			
38 yrs. 8 mos. 30 ds. or 30 occupation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Uniontown, Pa. 10 NAME OF FATHER William J. Leonard 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MILLIAMS 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			****************			, 1891. (Year)
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BERTHPLACE (State or country) 10 NAME OF FATHER William J. Leonard 11 BERTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BERTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	' A		38 yrs.	8	nos30	If LESS than I dayhrs. ds. ormin.?
ON NAME OF FATHER William J. Leonard 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(E bi	articular kind b) General natu siness, or esta hich employed	of work ure of indi ablishment or (emplo	in yer)		mala:
FATHER William J. Leonard II BIRTHPLACE OF FATHER (State or country) I2 MAIDEN NAME OF MOTHER I3 BIRTHPLACE OF MOTHER (State or Country) The Above is true to the best of my knowledge			Un	iontow	Pa.	
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Anna Williams 13 BIRTHPLACE OF MOTHER (State or Country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			20	illiam	J. Leons	rd
OF MOTHER Anna Williams 13 BIRTHPLACE OF MOTHER (State or Country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	SLV	OF FATHER	T T	ninnto	vn, Pa.	
13 BIRTHPLACE OF MOTHER (State or Country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	∢ !			nnao Wi	lliams	
		,		radys	Bend, Arm	nstrong Co.
(Informant) Hospital Records	4 1	HE ABOVE IS	TRUE TO	THE BEST	OF MY KNO	WLEDGE
		(Informant)	Hos	pital :	Records	
(Address) Perry Point, Md.		(Addres	ss)	Perry	Point, N	id.

STATE OF MARYLAND CERTIFICATE OF DEATH

C-1 083 544

Registration Dist. No.

Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

	MEDICAL	CERTIF	FICATE	OF DEAT	H
16 DATE OF	DEATH	Mar	ch	1	, 19 20.
*	******************				(Year)
					deceased from
					19250
that I last so	w h im	alive on	Marc	h. 1	, 19230
The CAUSE (of death arditis	* was as	follows: nic_wi	th Mitr	6:10 A.m.
2. Pleur	is y wit	h-e-ffus	si on	orobahl-	y
Tuber	cular .	(Dur	1.U	nknown	mae de
chronic (Signed) F. F.	LESLI 1 19230	pronot (Dur E, Med (Address)	offi Perry	2. Neproduction in Point	mosds. ermined Charge D.
*State Violent C Accidental,	the lists auses, state Sulcidal or	ise Causir (1) Mei Homicidal.	ng Death, ans of Ir	or, in o	leaths from (2) Whether
ients or R	ecent Resid	dents)			utions, Trans-
At place of death 1.3	rsl.mos.	12ds.	In the Sta	te 1 yrs	1mos12ds.
Where was dis	e of dea.h?.	ted, U	nkn own		
Former or usual residence	2617	Broadw	ay. Do	rmont.	Pittsburg
19 PLACE OF	lin derts.	leins H	gtahli	ghme nt	
Mt. Wash	ingt on	Pittsb	urgh,	ADDRES	h 3, 19.30.
				C TO OO	

If more blanks are needed, addre a Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

Registraı

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the luborer, Farns labbrer, Laborer—Coal mine, etc. Womsary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tl's first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EAGE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal. fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). gaged in domestic service for wages, as Servant, Cook. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal minc, etc. Wom-(b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," American Medical Association.) (Recommendations on statement of cause of death lelanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	N.	
_		
°	pro-	4
4	17	٠,
ń	11	
	1	
>	100	1

	PLACE OF DEATH	STATE OF MARYLAND
	County Cecel	CERTIFICATE OF DEATH
	near Est	Registration Dist. No. 12
tions on back of certificates	Village or City Okolow (No. 2FULL NAME John Le	St: Ward) (If death occurred I a hospital or institution, give Its NAME in stead of street an number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White Single, MARRIED, WIDOWED. OR ON OR	16 DATE OF DEATH DIR 27 , 1930 (Month) (Day) (Year).
	6 DATE OF BIRTH Set. 244, 1864 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw has always on 1927, 1934
	7 AGE 66 yrs. 10 mos. 3 ds. or min.?	and that death occurred on the date stated above, at 6.30 Pm
200	a) CCCUPATION (a) Trade, profession or Peticel particular kind of work	Trootiered Skull
	(b) General nature of industry business, or establishment in which employed or (employer)	Duration yts. mgs dd
Impor	9 BIRTHPLACE (State or country) England	Contributory Contributory Secondary Secondary Suration) Joys Chook Add
Svery	10 NAME OF FATHER MELVED	(Signed Throand W. Free M. 12/27/1930(Address) Elklow, M.
5	OF FATHER Z (State or country) 12 MAIDEN NAME (The state of country) OF TATHER (State or country) OF TATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
1	OF MOTHER MARINOWN 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
3	OF MOTHER (State or Country)	At place of deathyrsde, Stateyrsde Where was disesse contracted,
	Mrs Serve to the Best of My Knowledge	if not at place of dea.h?
rateine	(Address) Elkton, Md Ro 3	Estion cerelon Dec 30, 1930
0	Filed Alt. 30 1923 of Breush Brayer	H The Poppin Elklin md
	If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Ballo., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Deal-." etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the American Medical Association.) stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." "(Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the gata is essential and must be obtained before the certificate is permanently filed.

7

Exact

PLACE OF DEATH	06614
County blul	(3)
Village or City Rowlandulle (No.	
2FULL NAME Baby Livro	
PERSONAL AND STATISTICAL PARTICULARS	MEDIC
Hemil White Single, Married, Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 HEREBY
(Month) (Day) (Year)	that I last saw h
yrs. mos. ds. or min.	The CAUSE OF DEAT
(a) Trade, profession or particular kind of work (b) General nature of induatry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory
10 NAME OF FATHER Sestie Service 11 BIRTHPLACE OF FATHER	(Signed)
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	Violent Causes, st Accidental, Suicidal 18 LENGTH OF RE- ients or Recent Re
13 BIRTHPLACE OF MOTHER (State or Country) Md.	At place of deathyrsn
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contained if not et place of deal.
(Informant) Jestie Huro (Address) Rowlandville Ind.	19 PLACE OF BURIA
Bried Registra: Registra: Bried Registra: Registra: Registra: Registra:	r, 16 W. Seratoga St., 1

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration L	rist. No.	×
St:Ward)	a hospital	occurred In or institu- its NAME is street and
AL CERTIFICATE O	F DEATH	
Jane	9	192
(Month)	(Day)	(Year)
CERTIFY, That atte	nded the de	ceased from
alive on		, 192,
red on the date stated	above, at	m,
H * was as follows:	4	
######################################	************************	

igned)	Duratio	n)			de.
1	(Address)	Uyour	m	/ //	10
*State the Violent Causes,	Discase Causing state (1) Means	Death, or, of Injury	in and	deaths from	X

(Duration)

*State the Disease Causing Death, or, in Violent Causes, state (1) Mcans of Injury and Accidental, Suicidal or Homicidal. LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

ients or Recent Residents)	
At place of deathyrsmosds.	In the Stateyrsmosds.
Where was disease contracted, if not et place of dea.h?	

al residence

PLACE OF	BURIAL OR	REMOVAL	DATE	OF BURIAL
	- 4	1 1	1	

UNDERTAKER

ADDRESS

W. Seratoga St., Belto., Requesting V. S. No. 1. Vernut resurt 6-8-1920

20 ż

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more previous arrangement, without more previous and mine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by tetanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suncide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitual nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY affection etc. The contributory valvular heart need not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

	PLACE OF DEATH	04162 STATE OF MARYLAND CERTIFICATE OF DEATH
1	Sour D	Registration Dist. No. 93
	Village or City Older To (No. 2FULL NAME Sara Elizabette	St: Ward) (If death occurred in a hospital occurred in the control of institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE S-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATRICE 2
	Month) (Day) (Year)	that I last saw harmalive on to the last saw harmalive on the last saw
	7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 3 thom. The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or Housewife particular kind of work	Cheleral Hemourhage
1	business, or establishment in which employed or (employer)	(Duration) vre 10 monutation
	9 BIRTHPLACE (State or country) Maryland	Contributory Condery Type Trade de.
	1D NAME OF FATHER LEVI B Sickuson	(Signed) M. D. (Signed) M. D. (Signed) M. D.
	OF FATHER (State or country) (State or country) (State or country)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Susanua Holf	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
1	(Informant) Mr. Has M Lindell	if not at place of dea.h? Former or usual residence
	(Address) Cheng Hill md	Bethel Ceweley 2 4 , 1930
	15 Filed Apr 4 1922 & C & Grant Registras	20 UNDERTAKER H. W. Pippin Elkton Int
	If more banks are needed, addre a Ltate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, House-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken werk, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. g ged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EACH CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinul meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobbir pneumonia, Bronchopneumonia ("Pneumonia,")

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Heart failure, Haemonnage, "Shock," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "IIaemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping cough; American, Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease, etc. The contributory affection need not be Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No.

п		12338		
	PLACE OF DEATH	, 000	STATE OF	MARYLAND
	County Coul	188-e	CERTIFICATE	OF DEATH
	6011-	,	Registration	Dist. No.
Vi	illage or City Clelow (No	mon	A BLE JEWARD	(If death occurred in a hospital or institu-
	2FULL NAME Marion	1 1/ 2	ockard	tion, give its NAME lastead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MED	ICAL CERTIFICATE	OF DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR, BIV OR CET OR,	18 DATE OF DEAT	Oen	25, 1920
1	DATE OF BIRTH	7	(Month)	(Day) (Year) tended the deceased from
	Van 14th as		192 Ao	192
	(Month) (Day) (Year)	that I last saw h	alead	18/25, 1930.
7	AGE [If LESS than	and that death occ	curred on the date state	d above, atm.
	17 9 9 dayhrs.	The CAUSE OF DE	ATH * was as follows:	11 00
, , , , , , , , , , , , , , , , , , ,	yrsds. ormin.?	than a	1.00 (1)	16,00
	(a) Trade, profession or particular kind of worker	- VVVV	auce of	
	(b) General nature of industry	00000000000000000000000000000000000000		Illa Ocardo
//	bubilities, of establishment in which in store of the lend of the		(Duration)	yrs. mos de
_	BIRTHPLACE (State or country)	Contributory	The Bullet of the state of the	Engrador.
-	10 NAME OF	N S	(Duration)	yie mos 2 de
	FATHERM, hockard	(Signed) / 125 10	(Address) Oly	blin md
RENTS	OF FATHER (State or country)	*State the Violent Causes.	Discase Causing Death, state (1) Means of I	or, in deaths from
	12 MAIDEN NAME	Accidental, Suicid		itals, Institutions, Trans-
PA	of Morthery N. Olece	ients or Recent		itals, kilstitutions, Trans-
	13 BIRTHPLACE OF MOTHER	At place of death yrs	In the	
_	(State or Country)	Where was disease co	ontracted.	
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of d	Ca.Dr.	540 0 = 9 9 0 + + + + + + + + + + + + + + + + +
	(Informant) WM. I reckard	usual residence		DATE OF BURIAL
	(Address) North, Ear my	D PLACE OF BUR	M. O CO +	Olep 28, 1930
15	611 (11)(12)	20 UNDERTAKER	M. E Cemely	ADDRESS
15	Filed C128 1900 J. Mary Registrar	Joseph	of Lover	with Carried
	If more banks are needed, address Ltate Registrar	, 6 W. Sara oga St	., Balto., Requesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housetion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necestired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. r," etc., Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; curous Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD K, WITH UNFADING INK-THIS IS A PERMANENT BINDING MARGIN RESERVED FOR WRITE

V S. N. I.

PLACE	E OF DEATH			13404	STATE OF	MARYLAND
County	Cecil				CERTIFICAT	E OF DEATH
	,			(00)	Registration	Dist. No.
Village or Cit	JLL NAME Barr	y Colling	go lo	gan	St.: Ware	Of death applying in
PERSO	NAL AND STATIST	CAL PARTICUL	ARS	MEDIC	AL CERTIFICATE	OF DEATH
3 SEX	4 COLOR OR RACE	SSINGLE, MARRIED, WIDOWED.	Dir.	16 DATE OF DEATH	hans Per -	7 , 1980
mak	while	OR DIVORCED (Write the word)	ga		(Month)	(Day)(Year)
6 DATE OF BII	RTH					tended the deceased from
	The	23	1929	une a	19230, to W	₩ 7, 1926 O
	(Month) (Day)	(Year)	that I last saw h	alive on	, 192 3 0
AGE			fLESS than		rred on the date state	d above, at \$130m.
	1 8	1 4	dayhrs.	The CAUSE OF DEA	TH * was as follows:	
B OCCUPATION		mos. ds. o	rmin.?	0.00.	0 910.	Q
(a) Trade, p	rofession or	ana -		and	1 Jewis	
	nd of work	***************************************	***************************************	by the	convulsions.	Ceut GC.
business, or	establishment in				(Duration)	de.
	yed or (employer)	0.0000000000000000000000000000000000000		Contributory	Commen	
State or co				Secondary	(Durstian)	yısmosds.
1 10 NAME	OF			. H.		04.000 MD
FATHER	your	ed Loga	in	(Signed)	30	- C
U II BIRTHP		0	2		3 (Address)	in dotte from
OF FAT	or country)	d Person	a	Violent Causes,	tate (1) Means of	n, or, in deaths from Injury and (2) Whether
MAIDE	A .	1 000				oitals, Institutions, Trans-
0	Clepane	ey Collens	9	ients or Recent R	esidents)	
13 BIRTHE	HER	1		At place of deathyrs	mosds. In the	ateds.
	or Country).		-	Where was disease cornit not at place of de	tracted.	
14 THE ABOVE	IS TRUE TO THE BES	T OF MY KNOWLED	JGE	Former or		
(Informan	it) Coward	Logan		usual residence		DATE OF BURIAL
· ·	dress) muth &	gest mes	/	19 PLACE OF BURI	1. M.E	200 9. 19 3
	au	0 01011		20 UNDERTAKER		ADDRESS
	0 3 c (2					
Filed//-	9-30 192 /	eo W. Ce	ecella Registra	Jones of a	Send	Jawelly East

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (fee state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Seruml, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Spinner, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Luborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 The ques-Grocery;

Statement of Cause of Death—Name, first, the pre-Base Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ceretros gual fuer (the only definite synonym is "Epidemic cerebrosf inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

BURE

gapproved by Committee on Nomenclature of the American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart tanus, "Old Age," "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaoum, etc., Carcinoma, Sarcona, etc., of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, nature of the husiness or industry, and therefore an Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Housenuid, etc. If the occupation has been changed r," etc., Foreman, For many occupations a especially in industrial employments, it is neces-Form laborer, Loborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation single word or term on

Strtement of Cause of Death—Name, first, the Dis-EALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia;")

> American Medical Association.) approved by accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "
> "Inanition," "Marasmus," "Old Age," "Shock, 10 ds. Never report mere symptoms or terminal condistated unless important. use of "Tumor" for malignant neoplasms); Mcasles; inges, perilonaeum, etc., Coreinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death icianus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Committee on Nomenclature of the Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart discase;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Courty	01539 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 92
Village or City Elklow (No. 100.) 2FULL NAME Saac 7 Zo	St.: Ward) (if death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single. Married Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH 2 2F, 1980 (Month) (Day) (Year)
6 DATE OF BIRTH Nov 25 , 1855 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1980 to 1980 that I last saw h alive on 1980
7 AGE 7 AGE 7 AGE 1 If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 3 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Farmer	Affance & my occurrence
(b) General nature of industry business, or eatablishment in which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country) Mary law 10 NAME OF SELL LOT	Contributory Secondary (Sinced)
OF FATHER (State or country) Maryland 12 MAIDEN NAME)	*State the I is ase Causing Death or, in deaths from Violent Causes, atate (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Jane Curry 13 BIRTHPLACE OF MOTHER (State or Country)	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs ds. State yrs mos ds. Where was disease contracted,
(Informant) This Kate Lort	if not at place of dea.h? Former or usual residence.
(Informant) Mis Peace 2017 (Addreas) Elktow. 2018 Rd	north East Center (Md) mich 3, 19.30
15 Filed Much 3 19230 Saust Fragus	20 UN DERTAKER H. W. Pifpin Elkton Mf
If more banks are needed, addre. s Ltate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

"Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reg ged in domestic service for wages, as Servant, Cook fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write None. state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Lay loborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman, Stationary fireman, etc. But in many Locomotive 6 engineer,

Statement of Cause of Death-Name, first, the Disfever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Group"); ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same acceptpncumonia, Bronchopneumonia ("Pneumonia,

> "("Inanition," "Heart failure," "Iaemorrage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, State cause for which surgical operation was under-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid or intercurrent) Chronic valvular heart disease; etc. The contributory affection need not be Nomenclature of the

permanently filed. data is essential and must be obtained before the certificate is nswered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and al qu stions

HYSI- Exact	PLACE OF DEATH County Coul
Classified.	Village or City Chesopeaks City
	01 471
eriy rtiffi	2FULL NAME Office 1. John
rop f ce	PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE 5 SINGLE.
uld be stated E lay be properly back of certific	hale White State WIDOWED. OR DIVORCED (Write the word)
0 = =	DATE OF BIRTH
ACE that	(Month) (Day) (Ye
upplied. ACE eh terms so that it se instructions o	46 yrs. Z mos. 13 ds. or r
supplied. In terms se See instru	OCCUPATION (a) Trade, profession or Firemen Boat particular kind of work
carefully se	(b) General nature of industry business, or establishment in which employed or (employer)
be ca EATH impo	(State or country) Many Land
ouid OF D	10 NAME OF FATHER THOMAS
ωш	OF FATHER (State or country) Many Land
HOE!	12 MAIDEN NAME Clara Robinson
f inform d state OCCUP/	13 BIRTHPLACE OF MOTHER (State or Country) Many Loved
oui	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
item sho	(Informant Theo Lotuce
Every item CIANS sh statement	(Address) Eleton my
	Filed 9/4 1980 13 Hanond Brown Registra

0297	STATI
U430	CERTIF

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH Sefet 1930
=	(Year) 17 I HEREBY CERTIFY, That I attended the deceased from
	492 / to
~	that I last saw h Maire on 9/1, 1970
n	and that death occurred on the date stated above, atm.
3.	The CAUSE OF DEATH * was as follows:
5	Trom informalian -
	Che Nearburston) you too do
	Contributory de.
	Secondary
	(Duration)yrsmosde.
	(Signed)
-	192_ (Address)
_	*State the Visase Crusing treath, or, in dethis from Violent Causes trate (1) Means to bour and (2) Whyther Accidental, Suicidal or Homicidal,
	LANGERS OF PROIDENCE OF ST. L. T. T. C. S. T.

Where was disease contracted, if not at place of dea.h?

Former or

19 PLACE OF BURIAL OR REMOVA

DATE OF BURIAL

OUNDERTAKER

leton m

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH County Cecil	01540	STATE OF N CERTIFICATE Registration D	OF DEATH
certificate.	Village or Chy Conowings (No	Griest	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME ir- stead of street and number.)
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE O	F DEATH
back of	Serval 4 COLOR OR RACE 5 SUNGLE. MARRIED MOUVED OR DIVORCED (Write the word)	16 DATE OF DEATH	Jelen (Month)	2 2 , 189 0
on	6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h 43	198 D. to 4	nded the deceased from 1920, 1920,
instructions	yrsds. dayhrs. ormin.?	and that death occur The CAUSE OF DEAT	red on the date stated H * was as follows:	abovo, at Pim,
Soe	(a) Trade, profession or particular kind of work (b) General nature of industry	> LOTH BY	anchest 4	Malded Market
mportant	business, or establishment in which employed or (employer)	Contributory Secondary	(Puration)	
s very in	10 NAME OF FATHER SCIAC STREET		O(Address) Davil	M. D.
NO	OF FATHER Z (State or country)	*State the Divided Violent Causes, st	isease Causing Death, ate (1) Means of Inj or Homicidal.	or, in deaths from ury and (2) Whether
PATI	of MOTHER Many Caldwell		SIDENCE (For Hospit	als, Institutions, Trans-
DOCO	13 BIRTHPLACE OF MOTHER (State or Country)	At place of death	In the State	yrsds.
0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dear Former or usual readence	h?	
statement	(Address) Conowings, Md.	19 PLACE OF BURIA	ton Ceny,	ADDRESS 1930
	Filed 23 1929 — Registrar	At. S.	Baileys	Darlington
	Temus Bursh 23-190	, 16 W. Saratoga St.,	Balto., Requesting N. S	Md,

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an cases, Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by (Recommendations on statement of cause of death Chronic interstitial nephritis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; or intercurrent) Committee on Nomenclature of the Chronic etc. The contributory valvular heart disease; affection need Always qualify all not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH.	STATE OF MARYLAND
County Olcil	CERTIFICATE OF DEATH
1	Registration Dist. No. 95
Village or City LI MOUNIGNO.	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and
2FULL NAME Jamus Me	dford street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White the word	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH July 3 1887	17 LHEREBY CERTIFY, That I attended the deceased from 1980. to April 1980.
(Month) (Day) (Year)	that I last saw houselive on afall 14, 198.
7 AGE If LESS than I day hrs.	
42 yrs. 9 mos. // ds. or min.?	The CAUSE OF DEATH * was as follows:
COCCUPATION (a) Trade, profession or	
particular kind of work. (b) General nature of industry	21-21-411-10-00-00-00-00-00-00-00-00-00-00-00-0
business, or establishment in which employed or (employer)	(Duration)yrsds.
9 BIRTHPLACE() (State or coventry)	Contributory Secondary
10 NAME OF PURILLE AND	(Durstion)yrsds.
FATHER Walkley D. Jone	(Signed) 7. V. 1930 (Address) The levelous M. D.
OF FATHER (State or Country)	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Motherary a. M. Coy	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) mis Helen & Love	Former or usual residence
(Address) leonsuings md	Fairfield Pa, April 17, 1930
15 Files (15- 1930	20 UNDERTIKER ADDRESS Republing and
Junio montungen Registrar	16 W. Saratoga St., Balto, Requesting V. S. No. 1.
it more hanks are needed addre s I tate Kegistral	. In W. Daratova Dt., Daito., Requesting V. D. 110: 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement tired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day of Occupation-Precise statement of oc-Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association approved (Recommendations on statement of cause of death as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; Never report mere symptoms or terminal condiby Committee on Nomenclature of the Chronic valvular heart disease; and consequences (e. g., sepsis, etc. The contributory

If this certificate is booked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanent. Ried.

	PLACE	OF DE	ATH 🗎 👌			
	County	Ceci	e			
T i			-		*	
	W. Br	20 4	10:	- Y	2 1 B	
Vil	lage or City		11 Cast	(No	
	²FU	LL NAMI	E Reb	a)	· Lo	u
	PERSOI	NAL AND	STATIST	ICAL F	PARTICU	LAR
3 5	SEX	4 COLO	R OR RACE		RIED,	~
(Femal	w	erile	OR E	OWED. DIVORCED e the word	a
3 1	DATE OF BIR	тн				
			Cour		25	, 1.
			(Month)	(Day)	
F	AGE					IFLE
		41,	-	mae	3 ds.	l day
0 0	OCCUPATION	-	ΙΔ			JOX
V	a) Trade, pr	ofession of	or m	1:00		
-	articular kin b) General n			٠,		w)
b	usiness, or e	stablishme	ent in			
-	which employ		ployer)			***********
9 E	(State or co	untry)		,		
_	10 NAME C	F	mo	^		
	FATHER	6	200000	Lon	~	
S	11 BIRTHPI		7			
RENTS	OF FATH (State o	r country)	~.	d		
REI	12 MAIDEN		Λ Λ			
PAF	OF MOT		able	olle	n	
	13 BIRTHP					
Į,	OF MOT	HER Country)	m	d		
4	THE ABOVE		TO THE BES	T OF M	KNOWL	EDGE
					owa	
	(Informan) mr	Env	my of	our	
	(Add	ress)	wil	mi	-52-	_ A
15	IA.	2/ 2	- 1	1	pr (7
	Filed/0-	3/-30	192	es l	v. 4	Regi

12339

STATE OF MARYLAND CERTIFICATE OF DEATH

(105)

(Year)

If LESS than
I dayhrs

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registration Dist. No.

	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH Oct 28 19:30
	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
	die 3 1923, Oct 28 ,1930
	C 30D
n	and that death occurred on the date stated above, a
5	7
	usumua
	<u> </u>
	(Duration)
	Contributory Secondary
_	(Duration)de,
	(Signed) M. D. Oct 29192 (Address) March Gast md
1	*State the Disease Causing Death, or, in deaths from
	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
_	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place of death yrs
-	Where was disease contracted, if not at place of dea.h?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	north East, M. E Centy OROV 1, 19 30
d	20 UNDERTAKER ADDRESS
	HOTER A HALLE WITT COM

. S. No. 1

ż

(Approved by U. S; Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foremon, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Forner (re-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons ener," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEAR COURING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicidc; Poisoned by Examples: Accidental drowning; Struck by roilway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	06615 STATE OF MARYLAND
County Cleck	CERTIFICATE OF DEATH
P . 11	Registration Dist, No.
Village or City Lewfulle (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Still Birt	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year	I HEREBY CERTIFY, That attended the deceased from
7 AGE Still Brother Iday I day I	and that death occurred on the date stated above, at \$700 m. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Vrematine Birth
business, or establishment in Hull Brith which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Contributory Secondary
10 NAME OF JMJ, Lyons	(Signed) J. Magnett M. D. (Signed) J. Magnett M. D. MAGNET M. D. (Signed) M. D.
OF FATHER (State or country) 12 MAIDEN NAME (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jeally, Campbel 13 BIRTHPLACE OF MOTHER M. C.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. mos. ds. State yrs. mos. ds.
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
(Informant) Gearl N. Lyons.	Former or usual residence
(Addresa) Persipulle	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PUME 10, 1930
Filed 6/10 1930 D. Sanders Registrar	My Lyns Father Terrible
If more blanks are needed, address State Regis	trar, 16 W. Saratoga St., Balto., Requesting V. S. No. 7.



(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, r," etc., or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, aceident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY cough; Chronic Example: Measles (disease chopneumonia (secondary), etc. The contributory valvular heart Nomenclature of the Always qualify all not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Village or City Avadence (No. St.: Ward) 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED (OR DIVORCE) (Write the word) 16 DATE OF BIRTH 6 DATE OF BIRTH 7 AGE [If LESS than I day chrs. or omin.] 192. to 19	MARYLAND OF DEATH	11:3 9.11		1PLACE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3 SEX	92	(9)		
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE WIDOWED OR DIVORCED OR DIVOR	stead of street and	St.:	20.	
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED OR DIVORCED OR DIVORCED OR DIVORCED (Write the word) 6 DATE OF BIRTH 7 AGE 192 . to	number.)	rege 17 TW	Mules	² FULL NAME
MARRIED. WIDOWED OR DIVORCED OR DIVORCED (Write the word) 6 DATE OF BIRTH 17 I HEREBY CERTIFY, That I attended the deceased from the last saw has alive on the last stated above, at 730 fb. Tage 7 AGE If LESS than I day Chrs. or Omin.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 9 BIRTHPLACE (State or country) 10 NAME OF (Month) (Day) (Year) (Month) (Day)	OF DEATH	MEDICAL CERTIFIC		
(Month) (Day) (Year) TAGE If LESS than day Ohrs. or Omin.?	28 , 1930	Ju Ju	MARRIED. WIDOWED OF COLOR	mal while
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) (State or country) 10 NAME OF The CAUSE OF DEATH * was as follows: 1 day Ohrs. or min.? 1 day Ohrs. or min.? 1 day Ohrs. or min.? 1 Duration 1 Duratio	, 192,	that I last saw halive on	Day), 1930 (Year)	Ju
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF (Sixed) (Duration)	above, at	S. The CAUSE OF DEATH * was as follows	I day Ohre	7 AGE
business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Cecil & 22. 10 NAME OF (Duration)	Jestation	2/2 mont		(a) Trade, profession or particular kind of work
10 NAME OF (Sizzed) Steebest Bales M	yīs. mos ds,	Contributory Fall on		business, or establishment in which employed or (employer)
11 BIRTHPLACE 1980 (Address) Alklow his	M. D.	(Signed) Hebert 1970. (Address)	: mogow	10 NAME OF FATHER COLL 7.
Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF MOTHER OF MOTHER OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tr	jury and (2) Whether	Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For	in speak	(State or country) 12 MAIDEN NAME
ients or Recent Residents) At place of deathyrsmosds. State or Country) Where was disease contracted,	teds.	At place of deathyrsmosds.		OF MOTHER MA
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of doa.h? Former or usual residence.		if not at place of dea.h?	mogaw	8-07
(Address) Elstlon and R +2 Premies 1/28, 3.	1/28 , 30	Premies	mi and RTD	50151-
Filed 192 Registra: 20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS Filed Porce hapte are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		- Parents -	Registrai	Filed192

S. No. 1

(Approved by U. S. Census and American Public Health Association.)

laborer, cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of octired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. "," etc., without more precise specification as Day borer, Farm laborer, Laborer—Coal minc, etc. Wom-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) For persons who have no occupation (b) Automobile factory. The material The ques-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheriu (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> Recommendations on statement of cause of death American Medical Association.) (etahus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Hemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; as fracture of skull, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, Chronic and consequences (e. g., sepsis, valvular hcart discase; etc. The contributory Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	13438 STATE OF MARYLAND
County Occil	CERTIFICATE OF DEATH
811-	Registration Dist. No. 92
Village or City (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME CONTROL A.	, ///agure stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male With Write the word	16 DATE OF DEATH May 21, 1920 (Morth) (Day) (Year)
6 DATE OF BIRTH Jan. 2324, 1888	HON 27 1920 to May 27 1930.
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at find I'm.
1 day hrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	
8 OCCUPATION (a) Trade, profession or	fractured bruff
particular kind of work Communication (b) General nature of industry	Customs to a Building!
business, or establishment in which employed or (employer)	(Duration)vrsmosda,
9 BIRTHPLACE	Contributory
(State or country)	Secondary Vis
FATHERMOND Magnire	(Signed) M. D.
OF FATHER	*State the Disease Causing Death, or, in deaths from
OF FATHER Z (State or country) 12 MATTERN MAME	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
a or Mothern, Naley	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
Mrs. Maras Maquire	Former or usual residence
(Address) 1688 W. 148 Wilm &	10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 30, 1930
15 Filed May 28 19230 Johnson Frages	20 UN DERTAKER DIE EUSton Ful
If more banks are needed, address State Registran	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Chronic valvular heart unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease etc. The contributory Nomenclature of the disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME inof street and number.) ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE 4 COLOROR RACE 3 SEX 16 DATE OF DEATH (Month) I HEREBY CERTIFY, That I attended the deceased from 17 6 DATE OF BIRTH (Day) (Year) that I last saw h whive (Month) IlfLESS than and that death occurred on the date stated above, at ..., l day hrs. The CAUSE OF DEATH * was as follows: or min.? (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country)yrs......mos......ds. 10 NAME OF o (Signed). FATHER 0 __. (Address) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans OF MOTHER state CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER ..yrs......mos..... (State or Country) Where was disease contracted, b if not at place of death?... Ino 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Every item CIANS sho statement usual residence (Informant) DATE OF BURIAL OF BURIAL OR REMOVAL (Address) needed addrass State Registrar, & W. Saratoga St., Balto., Requesting V. S. No.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer ar Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Furnier (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed as At school, or At home. Cure should be taken work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a (a) Foreman, Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. If the occupation has been changed or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the Discrete CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (nierely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY (secondar/ Examples: Accidental drowning; Struck by railway train "Atrophy" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi interstitial nephritis, (name origin; "Cancer" is less definite; avoid cough; or intercurrent) ChronicExample: Measles (disease valvular heart disease; affection need not be etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

2

S. No. 1 >

	PLACE	or oralli		., , , , ,	STATE OF MARYLAND
	County C	ecil	10 000 00 00000000000000000000000000000	101-6	CERTIFICATE OF DEATH
/					Registration Dist. No. 96
Yill	age or City	U.S. Veteran	Horspital, Pe	rry Point, Md.	St.: Ward) (If death occurred I a hospital or institution, give its NAME I stead of street an number.)
	PERSONA	L AND STATIST	ICAL PARTICULARS	MEI	DICAL CERTIFICATE OF DEATH
3 S	Ma.le	COLOR OR RACE	SSINGLE, WARRIED UNKNOWN WIDOWED OR DIVORCED (Write the word)	*****************	TH February 19, 1930
6 D	ATE OF BIRTH	1	leve 11	899. February	EBY CERTIFY, That I attended the deceased from 141920. to February 19
		(Month	(Day)		im alive on February 19 , 19230
7 A	7 AGE 30 yrs. mos, ds. or min.?		hrs. The CAUSE OF D	ccurred on the date stated above, at 6:15 Pan EATH * was as follows:	
-					
pa pa		of work	Unknown		
pa (b) Trade, profesticular kind) General natusiness, or esta 	of work	Unknown	***************************************	Praecox (Down Stupor mos 6 d
pi (b bi) Trade, profesticular kind) General natusiness, or esta 	of work ure of industry blishment in or (employer)	Unknown Florida	Contributory Secondary	Catatonic Stupor
pi (b bi) Trade, profesticular kind) General natural siness, or estatich employed	of work ure of industry blishment in or (employer)		Contributory Secondary	(Duration) Unknown mos d
STN STN) Trade, profesticular kind) General natuations, or esta hich employed IRTHPLACE (State or count	of work	Florida	Contributory Secondary (Signed: E. IES Feb. 20 h. 1 *State the Violent Causes	(Duration) Unknown mos d LIE, Medical Officer in Charge. 920 (Address) Perry Point Md. Listase Causing Death, or, In deaths from state (1) Means of Injury and (2) Whether
(a property of the property of) Trade, profesticular kind) General natural siness, or establichem ployed IRTHPLACE (State or count 10 NAME OF FATHER 11 BIRTHPLAC OF FATHER	of work	Florida Unknown	Contributory Secondary (Signed E. LES F. E. LES Feb. 20 h. 1 *State the Violent Causes Accidental, Suic	(Duration) Unknown mos d (Duration) M. I (Example of Injury Point Md (Address) Perry Point Md
RENTS A B	1) Trade, profesticular kind 2) General naturalisiness, or establishes or cestablishes (State or count 10 NAME OF FATHER 11 BIRTHPLAC OF FATHER (State or c	of work	Florida Unknown Unknown	Contributory Secondary (Signed) F. E. IES Feb. 20 h. 1 *State the Violent Causes Accidental, Suic 18 LENGTH OF ients or Recen At place of deathyrs	(Duration) (All Indeed of Injury and (Indeed of Injury and Indeed of Injury and (Indeed of Injury and Indeed of Injury and I
PARENTS B B B C C C C C C C C C C C C C C C C) Trade, profestricular kind) General natural	of work	Florida Unknown Unknown Unknown	Contributory Secondary (Signed) F. E. IFS Feb. 20 b. 1 *State the Violent Causes Accidental, Suic 18 LENGTH OF ients or Recen At place of death yrs Where was disease if not at place of	(Duration) (Address) (Duration) (Address) (Death, or, in deaths from a death
PARENTS STATEMENTS (F) PPARENTS) Trade, profestricular kind) General natural	of work	Unknown Unknown Unknown Unknown Unknown	Contributory Secondary (Signed F. E. LES Feb. 20 b. 1 *State the Violent Causes Accidental, Suic 18 LENGTH OF ients or Recen At place of death yrs Where was disease if not at place of Former or usual residence	(Duration) Unknown mos d LIE, Medical Officer in Charge. 970 (Address) Perry Point, Md. 1 is ase Causing Death, or, in deaths from state (1) Means of Injury and (2) Whether idal or Homicidal. RESIDENCE (For Hospitals, Institutions, Trunt Residents) In the State yrs. mos 6 deach? Tallahassee, Fla.
STAN STAN STAN STAN STAN STAN STAN STAN) Trade, profesticular kind) General natural	of work are of industry ablishment in or (employer) ary) CE R country) AME R CE R country) TRUE TO THE BEST HOSPi tal s)	Florida Unknown Unknown Unknown Unknown Gray Knowledge Records	Contributory Secondary (Signed) F. E. IES Feb. 20 b. 1 *State the Violent Causes Accidental, Suic 18 LENGTH OF ients or Recen At place of death yrs Where was disease if not at place of Former or usual residence 19 PLACE OF BU Undertaker	(Duration) (And In the State (1) Means of Injury and (2) Whether deal of Injury and (2) Whether deal of Injury and (2) Whether deal of Institutions, Transtated that the State (1) In the State (1

A PA

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation g ged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary firemon, etc. But in many tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. report specifically the occupations of persons enfirst line will be sufficient, e. g., Former or Planter, Foreman, (b) Automobile factory. . The material For many occupations a single word or term on especially in industrial employments, it is neces-Farmi loborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Solesmon. without more precise specification as Day (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by roilway train-...... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

× ×

PLACE OF DEATH	02828 STATE OF MARYLAND
County Oleve	CERTIFICATE OF DEATH
O	Registration Dist. No. 92
Village or City (No	St.: Ward) (If death occurred in a hospital or institu-
Chi. Li	a hospital or institu- tion, give its NAME ii- stead of street and
2FULL NAME Was Oldring	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED.	16 DATE OF DEATH
or DIVORCED (Write the word)	(Vanth) (Pan) (Van)
6 DATE OF BIRTH	(Month) (Day) (Year)
June 27 , 1866	maret 5 30 maret 14 , 30
(Month) (Day) (Year)	that I last saw hor alive on Toronch 1H, 130,
7 AGE If LESS than	and that death occurred on the date stated above, at 1155 a.m.
63 8 1 1 day hrs	
yrs. mos. ds. or min.	CMVIII CONTRACTOR
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in only sloves which employed or (employer)	(Duration) yrs, mos ds.
9 BIRTHPLACE (State or country) %	Contributory
Mayland	(Duration) yrs
FATHER Referent Manhbank	(Signed)
M II BIRTHPLACE	3-14- 20 (Address) 800000 - mal
OF FATHER (State or country) OF FATHER (State or country) OF FATHER (State or country)	*State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
IZ 12 MAIDEN NAME	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
of MOTHER liga Veguch 13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER DE CONTRACTOR	At place in the State yrsds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
20 70. 1 (1/000)	Former or usual residence
(Informant) My May and Wells	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Eleton mid	Elkton Cemetry Inch 17, 1,30
15 4.1.2 .21 2-7 . 2.20	20 UNDERTAKER ADDRESS
Filed Mich 17 19230 filming from Registrar	H W. Tispie Elkton hut
If more banks are needed, addre.s tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs. For persons who have no occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., (a) Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the dutics of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day person, irrespective of (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumovia ("Pneumonia,"

> atic), "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by Examples: A ecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory affection need valvular heart disease; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD Y, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

V. S. No. 1

PLACE OF DEATH	(17) (12829 STATE OF MARYLAND
County Cecil	CERTIFICATE OF DEATH
Village or City Elkton Union Ho 2FULL NAME Walter Charles 77	Alam Ing NAME I.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single MARRIED WIDOWED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930. to march 2 / 1930 that I last saw h in alive on march 11 1930.
7 AGE 25 yrs. 9 mos. 18 ds. or min.?	// //
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in UTYT Co which employed or (employer)	(Duration) yrs. mos 3 d
(State or country) Percer 10 NAME OF FATHER John Martin	(Signed) June (Addy so) M.
OF FATHER/ (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	*State the I-is-ase Causing Death, or, in deaths from Violent Causea, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place In the of deathyrsmosds. Stateyrsmos
(Informant) John Martin	if not at place of dea.h? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Joseph Ca (Address) Filed Wall 25 19130 Juhann fraun Fraun Fraun Fraun Registral	Latrobz Pa Mch 27, 19? 20 UNDERTAKER H. W. Pishin Elkton
If more banks are needed, addre.s Ltate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, g. ged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Howemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman, (b) Grocery;man, (b) Automobilc factory. The material without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS.

EASE CAUSING DEATH (the primary affection with respect
to time, and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal
fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia");

accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL scplicaemia," "PUERPERAL perilonilis," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Examples: Accidental drowning; Struck by railway train-Whooping cough; American Medical Association.) Recommendations on statement of cause of death or intercurrent) affection need not be Chronic valvular heart disease; nephrilis, etc. The contributory Nomenclature of the contributory Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise special mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Physician, especially in industrial employments, it is neces-For many occupations a single word or term on Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstilial nephritis, etc. (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Whooping cough; American Medical Association.) Never report mere symptoms or terminal condi-Chronic valvular heart The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will brevant further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OFFICE OF

23

0

, /,	07911
PLACE OF DEATH	STATE OF MARYLAND
County County	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Collage (No	Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Thouse M	others stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, MUDOWED. WIDOWED (Write the word)	16 DATE OF DEATH 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HERERY CERTIFY, That I attended the deceased from
September 20, 1879 (Month) (Day) (Year)	that I last saw harry alive on July Ver 1920
7 AGE	and that death occurred on the date stated above, at 210 P.
57 yrs. 1 mos. 2 ds. or min.?	The CAUSE OF DEATH * was as follows:
FOCCUPATION [a) Trade, profession or	Strebtocoscie Julioticie
particular kind of work Lavor	& River Last
(b) General nature of industry business, or establishment in	(Dutation) yts. mos. 11 de.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Md.	Secondary (Duration) 7
10 NAME OF FATHER Frank Matthews	(Signed) 1 Xt Me Mught M. D.
OF FATHER	1925 (Address)
Z (State or country) Maryland 12 MAIDEN NAME	*State the I iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
of MOTHER No.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, it not at place of death?
(Informant) Viola Matthews	Former or usual residence
701 Trad	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Estator MA,	bolored bernetery July 14, 1930
Filed fully 11/1930 Dan 1 Registral	N. W. Poppin Elbon ma.
If more banks are needed, addre.s tate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer -- Coal minc, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from or given, up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, Housemind, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, us At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write Nonc. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a . s.t. (b) Cotton mill; (a) Salcsman, For persons' who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many single word or term on Locomotive (b). engineer, Grocery;

Statement of Cause of Death—Name, first, the DISmake CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feter (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthena (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "(Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease stated unless important. use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., scpsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as American Medical Association.) Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; for malignant neoplasms); Measles; Chronic valvular heart disease etc. The contributory Nomenclature of the ." "Convulsions,

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

ż

PLACE OF DEATH County Rel	04164 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 90
Village or City Sar Faillenolls 2FULL NAME Villians O, ma	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Willower (Write the word)	16 DATE OF DEATH 28, 1980 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw have alive on Color 28, 1923,
7 AGE If LESS than day hrs. day hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(Informant) (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 Jan the C. Matthew	Contributory Secondary (Duration) (Duration) (Signed) (Address) (Address) (Address) (Address) (Address) (Duration) (Place of list ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Aecidental, Suicidal or Homicidal. (B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. (B) (Contributory (Signed) (Signed
(Address) & preville Md. 15 Filed 450 1980 J. 6 Koron Registrai	20 UNDERTAKER Offices Cacillon and, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
Is more blanks are needed, address ttate Registrat	, to it. saideoga sei, saidoi, italiaseing

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housetaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed g ged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many to report specifically the occupations of persons en-P. ysician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, etc., Foreman, For many occupations a without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebro-'s primal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is lcss definite; avoid American Medical Association.) carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Doy laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Ciril engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar mneumonia. Paranchopneumonia ("Pneumonia," inqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by corbolic sucidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Anaemia" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . . (name origin; "Cancer" is less definite; avoid use of or miscarriage "Old Age," "Shock," "Uraemia," "Weakness," by railway train-accident; Revolver wound Always qualify all diseases resulting from child-(merely symptomatic), The contributory (secondary or intercurly symptomatic), "Atrophy," "Convulsions," "Debility" as "Puerperal septichaemia, State cause for which acid—probably

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence—All the data is essential and must be obtained before the certificate is permanently filed.

REAU V.S

V. S. No. 1

ż

PLACE OF DEATH	10298 STATE OF MARYLAND
County Oceal	CERTIFICATE OF DEATH
P - WATER CORPORAT	Registration Dist. No. 92
Village or City Cell Cor (No	St.: Ward) St.: Ward) Cake St.: a hospital or institution, give its NAME in stead of street an number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 , 19930 (Month) (Day) (Year)
Sept 4, 1930 (Month) (Day) (Year)	that I last saw h in alive on
7 AGE If LESS than 1 dayhrs ds. or	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work. (b) General nature of industry	Spinal Wifide
business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country) mong land	Contributory Secondary (Duration) vrs mos idd
10 NAME OF Paul B. In Cake	(Signord) (Address) Towns (M. C. Signord) (Address)
II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER alice R Logan	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Mory load	At place of deathyrsmosds, Stateyrsde Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence
(Informati) Ceff Con, Sund,	Decor Dew Curetin Tel 52/27, 1930
Filed Defel 25 19230 Boull Frages	1. O. allemate Color med
If more bianks are needed, address State Registras	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, tion applies to each and every person, irrespective of ," etc., Foreman, For many occupations a yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many single word or term on (6) The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-" "Weakness," etc., when a definite disease or intercurrent) affection need Chronic valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHÝSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD IY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

V. S. No. 1

PLACE OF DEATH	09126 STATE OF MARYLAND
County Cecil	CERTIFICATE OF DEATH
of INCit	Registration Dist. No. 9/
Village or City Chesopera (No. 19	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2 FULL NAME Jay Wallace M	c Coy stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, Single WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH August /4, 1920 (Month) (Day) (Year)
6 DATE OF BIRTH July /7 , 1929 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 1980 to Comp. 1980.
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm.
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	A / 1
which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Mary land	Contributory Secondary (Duration) (Duration) (Duration)
10 NAME OF Selson D mc Coy for	(Signed) A Monison M. D.
IN 11 BIRTHPLACE	Clug 18 19230 (Address) CRlou, Illel
OF FATHER (State of country) Mary Land 12 MAIDEN NAMES 12 MAIDEN NAMES 15 A C S S S S S S S S S S S S S S S S S S	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jarah Ellen Shellon	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Many Land	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) LeSserson D. Mc Coy gr	Former or usual residence
(Address Chesapeake City had Ro	Bethel Cemetry Date of Burial Cary 19, 1930
Filed 8/19 1980 B. Haward Brawn Registrar	20 UNDERTAKER ADDRESS ELKton Mil
If more banks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

min in

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the DISLASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol as fracture of skull, and consequences (e.g., sepsis, (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Chronic valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	09127 STATE OF MARYLAND
County	GO CERTIFICATE OF DEATH
	Registration Dist. No. 9/
Village or City hesospeake City.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Jeffuson Davis	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Wildowson Or DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
17 .413	8/11/30 192 to 8-11-30 ,192
(Month) (Day) (Year)	that I last saw hom alive on 8-11-30 192
7 AGE (If LESS than	and that death ecoursed on the date stated above, at 3:15 P. m.
//-7 / A day hrs.	The CAUSE OF DEATH * was as follows:
yrs. 0 mos. de or min.	Claute cardiac delalation
(a) Trade, profession or particular kind of work farmer (Retired)	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
4	Contributory Olumnic Myrcardelis
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF 1 P 7	(Duration) yrs
FATHER Nathau Mc Coy	(Signed) (Address) leurapial & listin
IN 11 BIRTHPLACE OF FATHER OF FATHER	*State the Disease Causing Death, or, in deaths from
Z (State or country)/ / Vary lack	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Les aufre Walusley	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER OF MOTHER	ients or Recent Residents) At place In the
(State or country)	of deathmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) him Jefferson D. Mc Coy	Former or usual residence
(Address) Chesapeake City Mis	Bethel Centry - aug 14, 1930
Filed Aug 14 1930 B. Howard Brawn Registrar	20 UNDERTAKER 24. W. Pippin Elkton, Mod
If more blanks are needed, address State Registras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, additional line is provided for the latter statement; it tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e. g., Farmer or Plunter, Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a). Salesman. without more precise specification as Day specifically the occupations of persons en-(b) For persons who have no occupation Automobile Laborerfactory. The materia -Coal minc, etc. (6) engineer, Grocery

Statement of Cause of Death—Name, first, the DIS-EATE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal forer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diohtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pueumonia, Bronchopneumonia ("Pneumonia,"

> inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age, Shock, "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of can be ascertained as the cause. "Debility" ("Congenital," American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Exhaustion," "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY interstitial nophritis, cough; " "Marasmus," "Old Age," "Shock," Committee on Nomenclature "Heart failure," "Haemorrhage," Chronic etc. valvular heart The contributory Always qualify all disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

				-11	
	=	C			
	Σ.	×			
	I	W		1	
	₾.	÷	1	1	
	>	9	1	-	
r	_1	=	1		
	5	88	1	1	
	AC	ë	\$		
	×	0	5		
-	W	>	ŧ		
	30	e.	Ŧ		
	ate	de	*	-	
	ste	37.0	No.	-	
	40	ST.	0	1	ĺ
	11	ž	X		
	0	>	ac		1
	3	20	0	1	
	0	=	n		ĺ
	U	=	0		
	Les	at	n		
	U	ؿ	0		
	d	0	ot	-	
	÷	S	2		
	9	00	St		
	===	E	2		
1	d	er	0	1	
	90	-	30	00	ř
	7	-ie	37	J	1
	=	Sic	:	1	
)	f	-	ar	P	1
	10	=	T	-	
	a	I	00		
	~	-	3		
	0	•			
	pe	EA	-		
	ed b	DEA	ryi		
	old be	F DEA	very i		
	ed bluor	CF DEA	s very i		
	should be	E OF DEA	is very i		
	n should be	JSE OF DEA	IN IS very i		
	ion should be	AUSE OF DEA	ION IS very I		
	ation should be	CAUSE OF DEA	ATION IS very i		
	mation should be	e CAUSE OF DEA	PATION IS very !		
	ormation should be	ate CAUSE OF DEA	UPATION IS very !		
	nformation should be	state CAUSE OF DEA	SCUPATION IS very I		
	Information should be	1 state CAUSE OF DEA	OCCUPATION IS very I		
	of information should be	ild state CAUSE OF DEA	f OCCUPATION IS very I		
	of information should be	ould state CAUSE CF DEA	of OCCUPATION IS very I		
	em of information should be	should state CAUSE OF DEA	nt of OCCUPATION Is very i		
	Item of information should be	should state CAUSE OF DEA	nent of OCCUPATION is very i		
	y Item of Information should be	AS should state CAUSE OF DEA	sment of OCCUPATION is very i		
	ery Item of Information should be	ANS should state CAUSE OF DEA	stement of OCCUPATION is very i		
	every Item of information should be	CIANS should state CAUSE OF DEA	statement of OCCUPATION is very i		
	Every Item of Information should be	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	statement of OCCUPATION is very important. See instructions on back of ourtificate.		
	3 Every Item of information should be	CIANS should state CAUSE OF DEA	statement of OCCUPATION is very i		
	N. BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	CIANS should state CAUSE OF DEA	statement of OCCUPATION is very i		

	PLACE OF DEATH	STATE OF MARYLAND
-	County Cecil	CERTIFICATE OF DEATH
The second secon	Village or City Elston (No	c. sar-ab (If death occurred in
		St.: Ward) A hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White Single, Married, Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH 7 20, 1930 (Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
And the second second	(Month) (Day) (Year)	1928 . to TVG 1920, that I last saw ham alive on Feb 20 1970,
	7 AGE If LESS than	
	7/ yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
7	8 OCCUPATION (a) Trade, profession or Lawyer particular kind of work	recles : primary in prostate
	(b) General nature of industry	gland. Cwg Cr.
0	business, or establishment in which employed or (employer)	(Duration) yrs. (2.mosds.
	9 BIRTHPLACE (State or country) Manyland	Contributory Secondary (Duration) Tages
	10 NAME OF James J. Broc Cullough	(Signed) Herbert Babo M. D.
	OF FATHER (State or country) Many law	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Meens of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	(State or country) May law 12 MAIDEN NAME Catherial Mitchell	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Warylows	At place of deathyrsmosds. Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	(Informant) mis Carrie B. Mc Cullough	usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Elkton Ind	Bethel Ceretery 7-by 2,21930
	15 Filed Jeb 22 1980 Jank Based	20 UN DERTAKER SURFINE Elkton hus
	If more banks are needed, address tate Kegistras	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6' yrs). should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salcsman. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor; Architect, Locomotive the first line will be sufficient, e. g., Farmer or Planter, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory: The material For many occupations a single word or term on without more precise specification as For persons who have no occupation (6) engineer, Grocery;

Statement of Cause of Death—Name, first, the DISTAND CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"(E.haustion," "Heart Labrus," Old Age, " "Shock," "Iranition," "Marasmus," "Old Age," "Shock," "Traemia," "Weakness," etc., when a definite disease Recommendations on statement of cause of death edanus) may be stated under the head of "contributory." unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic valvular heart disease, Example: Measles (disease etc. The contributory affection need not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Ceul	05436 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Colora Indins.	Registration Dist. No. 95 St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Sarah Emma 17	e Pullough tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temal White Single, Widow WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH May 7, 1980 (Month) (Day) (Year)
6 DATE OF BIRTH Luly 25 , 1860 (Mostly (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from May 2 1930 to May 5, 1936, that I last sow her alive on May 7, 1936.
7 AGE 6 9 yrs. 10 mos. 18 ds. or min.?	and that death occurred on the date stated above, at 1235pm.
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	hedworthage of brace
business, or establishment in which employed or (employer)	(Duration)mosds.
9 BIRTHPLACE (State or country) and,	Contributory Secondary Dyraion) yre ds.
10 NAME OF Jews 6, martindell	(Signed) Concest fortaced M. D. May & 1930 (Address) Library hove Wil
OF FATHER (State or country) 12 MAIDEN NAME 1 OF FATHER (State or country)	State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Eleamora Sidwell 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country)	At place of death
(Informant) of the Clencherun	Former or usual residence
(Address) Colora Ind	West potten gham may 10, 1930
Jours of while Registrar	20 UNDERTAKER ADDRESS Rising Sun and,
Permit want 5-97/930	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from er," etc., Without more provided and etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy." "Collapse," "Coma," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature American Medical Association.) Recommendations on statement of cause of death .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage Chronic etc. valvular heart disease The ," "Convulsions, contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

0	1	par.	A	2
11	1	1)	7	4

STATE OF MARYLAND CERTIFICATE OF DEATH

County William	CENTIFICATE OF DEATH
0	Registration Dist. No. 9.5
Village or City Resus Lucy No.	St.: Ward) (If death occurred in
2FULL NAME Delena Lee //	a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MIDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE STINGLE, MARRIED, WIDOWED. Married CR DIVORCED (Write the word)	16 DATE OF DEATH 2 0, 1980 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
11	2 - 5 1950 to 2 - 60 , 1920
(Month) (Day) (Year	that I last saw he halive on 2 - 9 1920 0
7 AGE [IfLESS than	and that death occured on the date stated above, at
I day hrs.	The CAUSE OF DEATH * was as follows:
76 yrs. mos. 23 ds or min.?	leumre,
(a) Trade, profession or particular kind of work	Tuberentors
(b) General nature of industry	
business, or establishment in	(Duration) yrs mos da.
which employed (r (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary Doyation) ye mos ds.
10 NAME OF	110000000000000000000000000000000000000
FATHER & H Leffers	(Signed) A. D. 1970 (Add James Grand) M. D.
O II BIRTHPLACE OF FATHER	SCA An Alex Disease Consider Death as in Justice
Z (State or country)	*State the Disease Causing l'eath or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether
of MOTHER Place of Gran Smith	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Lospitals, Institutions, Trans-
13 CIRTHPLACE	ients or Recent Residents)
OF MOTHER M	At place In the of death yis mos. ds. State yrs mos ds.
(State or country) Y Caryland	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) May de manoryal	Former or usual readence
(Address) Rising sun. ms	Brookview Com 2, 13th, 1930
15 20110 310	2) UNDERTAKER ADDRESS MA
Long m Wollhun alon Registras	Mis lemiel Taylor Rising Sun

Hemil to more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

m

2

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the should be used only when needed. As example: sary to know (a) the kind of work and also (b) the or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," 'Deal-Spinner, (b) Collon mill; (a) Salesman. additional line is provided for the latter statement : it cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed played, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a nature of the business or industry, and therefore an Civil engineer. Stationary fireman, etc. But in many Physician, cupation is very important, so that the relative health Statement of Occupation Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day Compositor. For persons who have no occupation Archi'cet, Locamotive engineer, (4) (drawery) Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causaton), using always the same accepted term for the same dise. Se. E-amples: (*Grehrospinal fever* (the only definite synonym is "Tpidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever* (never report "Typhoid Pneumonia"; Lohar preumonia. Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease can be ascertained as the cause. Always qualify all "Exhaustion," "Heart ranure, "Old Age," "Shock," as fracture of skull, and consequences (e.g., setris, telanus) may be stated under the head of "contributory" carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICI AL. taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Massles; inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenelature accident; Revolver wound of head-homicide; Poiso ed by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train Never report mere symptoms or terminal condicough; ngenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all quantions answered in dorail, it will prevent further correspondence. At the data is essential and must be obtained before the cartificate is permanently filed.

(If death occurred in a hospital or institu-tion, give Its NAME in-

stead of street and

DATE OF BURIA

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foremon, (b) Automobile factory. The material engineer, Stationory fireman, etc. But in many or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Form laborer, Loborer-Coal mine, etc. Wom-(b) Collon without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the mill; (a) Solesman. Locomotive engineer, (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicuomia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelonus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; American Medical Association.) approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, perilonoeum, etc., Corcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Nomenclature Chronic valvular heart disease; etc. The Always qualify all contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PLACE	OF DEATH		0	7963	STATE OF	MARYLAND
County	lel	***************	(196)		CERTIFICA	TE OF DEATH
new	and A				Registratio	on Dist. No. 96
Village or Cit	y Elklow	(No.			St.: Wa	
0.50	1 00	× 0 . 1 00 F	mes	1000	- 0	tion, give its NAME in- stead of street and
2FC	ILL NAME	June			jus:	number.)
PERSO	NAL AND STATIST	ICAL PARTICULARS		MEDICA	AL CERTIFICATI	E OF DEATH
3 SEX	4 COLOR OR RACE	SSINGLE, MARRIED. WIDOWED, OR DIVORCED (Write the word)	16 DATE	OF DEATH	July	(Day) (Year)
6 DATE OF BIL	RTH		17	I HEREBY		attended the deceased from
	Jan	1 - 19	04	0000 000 00 00 000 000 000 000 000 000	192 . to	7/192 ,
	(Month)			st saw h		19Da
7 AGE		If LESS			red on the date sta 'H * was as follows:	
h	26 yrs.	mos. 6 ds. or 1			105/	
(a) Trade, p	rofession or		all	reide	uld Ole	stroeulion
particular kin	nd of work 44	uleman		*******		
business, or	establishment in yed or (employer)				(Duration)	yrsds.
9 BIRTHPLACE	E	. //		ributory	05400004440000000000000000000000000000	
(State or co	Mar	Mand	7	1	Duration)	Jyss mos o Zads.
10 NAME (melson	(Signed)	Tow	arg W.	Green M. of
o 11 BIRTHP		1		7	O(Address) . OL	selve //19
P OF FATI	or country) MA	ryland	Violen	State the Di	isease Causing Dea ate (1) Means of or Homicidal	th, or, in deaths from Injury and (2) Whether
Y 12 MAIDER		Malker	18 LENG		SIDENCE (For Ho	spitals, Institutions, Trans-
13 BIRTHF OF MOT (State o		rede Gras	At place of death	yrsm	ln ds.	the Stateds.
14 THE ABOVE	IS TRUE TO THE BEST	OF MY KNOWLEDGE	if not at	place of dead	h?	
(Informan	Heory	as ma Some	Former or usual resid		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	•••••••••••••••••••••••••••••••••••••••
(Add	Af .	de Grace	19 PLAC	E OF BURIAL	HILO.	July 20 19 30.
Filed 7	19 19836 2	LF Jaules Registra	(0)	ER AKER	1-18	ADDRESS 24 d.
-	If more branks are	needed, address State Reg		aratoga St.	Balto., Requesting	V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed. as At school, or At home. Care should be taken to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemum, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the mill; (a) Salesman. (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrophial fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease approved by accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, (secondar, or intercurrent) affection need not be Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi interstitial nephritis, FOR VIOLENT DEATHS STATE MEANS OF INJURY Committee on Nomenclature of the Chronic valvular heart discase etc. The contributory

If this certificate is looked over thoroughly and a l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

f inford stat	13 BIRTHPLACE OF MOTHER (State or Country)
WRITE ery item of ANS should attement of	(Informant) (Address)
N. BEve	Filed Meh 23 1920 1930

1PLACE OF DEATH County	02827 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 92
Village or City Election (No. Mino	Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH MOREL 23 1930
male while OR DIVORCED (Write the word)	(Month) (Day) (Year)
marel 22, 1930	Mor 22 1920 to March 23, 1920.
(Month) (Day) (Year) 7 AGE If LESS than I day #hrs.	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Curation) yrs mos ds. Contributory Curalize deliveir
(State or country) Lettlon 2nd. 10 NAME OF FATHER /20, B. Meteown 11 BIRTHPLACE OF FATHER	(Signed) Herbert Boles M. D. 3 1920 (Address) Eller Well
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos. ds. In the State yrs mos ds.
(Informant) . B. Mekeowa	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Leren we KD. 15 Filed Meh 23 1920 Frances Frager Registrar	Presbylerian benetery Mch 23, 1930 20 UNDERTAKER ADDRESS Ellebon Md.
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhou ehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed. as At school, or At home. Care should be taken whatever, write None. Foreman, For many occupations a single word or term on Compositor, For persons who have no occupation (a) the kind of work and also (b) the Architect, Locomotive engineer,

Streement of Cause of Death—Name, first, the DISEAR CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature of the stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Whooping cough; Chronic valvular heart disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Always qualify all "Enhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," (secondary American Medical Association.) tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ass important. Example: Measles (disease "Congenital," "Senile," etc.), "Dropsy,", "Heart failure," "Haemorrhage," etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

6

V.8. No. 1

/	PLACE OF DEATH County CONFORATE EN ITALIA	14870 STATE OF M	
	Gold	Registration D	Dist. No. 7 J
Vii	2FULL NAME WY No.	w Shiel St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3,9	4 COLOR OR RACE SINGLE. MARRIED. WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)	P
6 [(Month) (Day), 1, 1, 2, 3	17 I HEREBY CERTIFY, That I atte	
7 A		and that death occurred on the date stated. The CAUSE OF DEATH * was as follows:	above, atm
р (I b	DCCUPATION a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in thich employed or (employer)	(Duration)	Julia Tomos da.
9 E	(State or country) Cree Co wil	Contributory Secondary (Duration)	"yısdə,
	10 NAME OF FATHER 11 BIRTHPLACE	(Signed) 1923 (Address)	to Count-
ENTS	OF FATHER (State or country)	*State the Discase Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.	or, in deaths from ury and (2) Whether
PAR	OF MOTHER Ville	18 LENGTH OF RESIDENCE (For Hospit ients or Recent Residents)	als, Institutions, Trans-
1	OF MOTHER (State or Country)		yrsds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h? Former or usual residence	
	(Informant) (Address) Noble Pa	Ohing At ill Bene	DATE OF BURIAL DEC 22, 1900
15	Filed Nec 22 1986 C. S. Grant Registrar	20 UNDERTAKER South Hou	Elekton Jud.
-	If we have no maded address that Karistras	16 W. Saratoga St., Balto., Requesting V. S	. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planler, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthfired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrumt, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many (b) Automobile factory. The material Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup ed term for the same disease. Examples: Cerebros pind Statement of Cause of Death-Name, first, the Dr. Typhoid fever (never report "Typhoid Pneumonia"); feeer (the only definite synonym is "Epidemic cerebro" EATE CAUSING DEATH (the primary affection with respect time and causation), using always the same accept; pneumonia, Bronchopneumonia ("Pneumonia

> approved by Committee on Nomenclature of the American Medical Association.) (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULTY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic Example: Measles (disease etc. The contributory affection need valvular heart not disease;

It this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the permanently filed. All the

1931

z

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME in-stead of street and

number.) MEDICAL CERTIFICATE OF DEATH (Day) I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at ...

State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and

In the

If more branks and needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits ean be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Furnical reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Munager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physicium, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of to report specifically the occupations of persons enetc., Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs). Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The muterial For persons who have no occupation single word or term on (b) Grocery,

Statement of Cause of Death—Name, first the discussions of Death—Name, first the discussion of Death—Name, first the discussion of the same accepted to time and eausation), using always the same accepted to time and eausation), using always the same accepted to time and eausation), using always the same accepted to time and eausation), using always the same accepted to time and eausation), is for the same discussion of the same discussion of the same discussion of the same discussion of the time of the discussion of the same discussion of the sa

approved by Committee on Nomenclature of the earbolic acid—probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide: Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State eause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. ean be ascertained as the cause. Always qualify all "Uruemiu," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menletanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as (secondar) Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of Examples: A ceidental drowning; Struck by railway train— "Atrophy," "Collapse." "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic valvular heart disease Example: Measles (disease ctc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S No. 1 >

PLACE OF DEATH	19128 STATE OF MARYLAND
County Cecil	CERTIFICATE OF DEATH
	Registration Dist, No.
Village or City Serryille (No.	St.: Ward) (If death occurred in a hospitul or institution, give its NAME in
2FULL NAME George MEO.	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Single OR DIVORCED (Write the word)	16 DATE OF DEATH August 13, 1930
G DATE OF BIRTH Jet. 21, 1853.	I HEREBY CERTIFY, That I attended the deceased from 1930 to august 3, 1930, that I last saw harvalive on august 2, 1934,
(Month) (Day) (Year)	1 lop
7 AGE IFLESS than I day	and that death occurred on the date stayed above, atm. The CAUSE OF DEATH * was as follows:
7 / yrs. 5 mos. 2.2 ds. or min.?	0,
8 OCCUPATION (a) Trade, profession or Laborer particular kind of work	Heneral atheromata
business, or establishment in which employed or (employer)	(Durstion) / O (18) mos. ds,
9 BIRTHPLACE (State or country) Md	Contributory Secondary (Durstion) yrs
10 NAME OF Mathau Me Veg	(Signed) J. Hagran M. D. Aug 14 1930 (Address) Surjulle Md
OF FATHER Z (State or country) Mul	State the lisease Causing Death or, in deaths from Vielent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Clizabeth Traibel	10 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyismosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant) Catherine Me Vsy.	Former or usual residence
(Address) Perryille had	Harmon Make Maly 61930
15 Filed 8/14 1931 I. Filed 8/14 Registrat	20 UNDERTAKER ATTELSON, CONSOLL
If more b.anks are needed, addre.s atate Megistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census ɛnd American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (0) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory firemon, etc. But in many tion applies to cuch and every person, irrespective cf tired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Doy laborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it the first line will be sufficient, e.g., Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, worked on may form part of the second statement. report specifically the occupations of persons en-Foremon, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (o) Salesman, (b) Grocery; mon, (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia")

"Inanition," "Weakness," etc., when a definite disease "Uraemia," "Weakness," etc., when a definite disease Always qualify all "Debility" ("Congenital," "Scnile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be st-ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonoeum, etc., Corcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, mencausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory American Medical Association.) carbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as approved by Committee on Nomenclature of the tetonus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	PLACE OF DEATH	06616 STATE OF MARYLAND	
	County Cl	CERTIFICATE OF DEATH	
	1 P. La Riga	Registration Dist. No. 96	
ate.	Village or Cityle No. No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and	
€/	2FULL NAME JO SMULA (MILL	New / () number.)	
3	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
JCK OF	3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the page) Howel	16 DATE OF DEATH June 10, 130	
	6 DATE OF BIRTH	I HEREBY CERTIFY, That Lattended the deceased from	
	(Month) (Day) (Year)	that I last saw h malive on Dune 10, 1930,	
	7 AGE III LESS than	and that death occurred on the date stated above, at 30, m.	
	1 day hrs.	The CAUSE OF DEATH * was as follows:	
1	yrs. mos. ds. or min.?	Of The Manual	
	(a) Trade, profession of the Burner	mour varian skars	
1	(b) General nature of industry	A isease	
N	business, or establishment in tertulger Mull	(Duration) 3 yrs. mos. ds.	
	9 BIRTHPLACE (State or country)	Contributory Secondary	
	I 10 NAME OF	(Duration) yrs mos ds,	
	FATHER Mathew M.C. M. L.	(Signed) M. D.	
	II BIRTHPLACE OF FATHER	Juny 1920 (Address) Jevy July 1	
	Z (State or country)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
	of MOTHER Grafethelliville	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)	
	13 BIRTHPLACE OF MOTHER	At place In the	
	(State or country) / emul -	of deathyrsmosds. Stateyrsmosds.	
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?	
	(Informant) Peorge McNey.	Former or usual residence	
	(Address) Tehry ville, mil 971	19) PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (19) PLACE OF BURIAL OR REMOVAL (19) PLACE OF BURIAL (19) PLA	
	Filed 912 1923 L Banders Registrar	20 UNDERTAKER RETURNS ABDRESS	
		, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	
		WINN.	

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day Compositor, Architect, Locomolive (b) Automobile factory. The material engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom. stated unless importan+ (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as causing death), 29 ds.; L. Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death American Medical Association.) Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease chopneumonia (secondary) etc. valvular heart The contributory Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUL :

00

ż

σå

PLACE OF DEATH	STATE OF MARYLAND	
County Cecil	© CERTIFICATE OF DEATH	
Village or City Elklor (No. Hr. 2FULL NAME Hot man	Registration Dist, No. 92 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWEO. OR DIVORCED (Write the word)	16 DATE OF DEATH / 8 , 1923 O (Month) (Dsy) (Year)	
6 OATE OF BIRTH (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 18 1930 to Jan 18 ,1930, that I last saw h alive on ,192,	
7 AGE If LESS than I day O hrs. or O min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:	
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(c) Horths pregrance de (Duration) yrs mos de Contributory Halemal eclarification (Duration) yrs mos 4 de	
10 NAME OF FATHER OLD Meaders 11 BIRTHPLACE OF FATHER (State or country) Organice 12 MAIDEN NAME OF MOTHER OF MOTHER Shape Mr. Webb	(Signed) M. D. 19 19 0 (Address) M. M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)	
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of death O yrs O mos O ds. In the State O yrs O mos b ds. Where was disease contracted,	
14 THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEDGE (Informant)	Where was disease contracted, if not at place of death? Former or usual residence	
(Address) 15 Filed Jan 22 1922 Banks Banes	Dodydufored of by accordance of burial accordance of by accordance of by accordance of by accordance of burial accordance of burial accordance of burial accordance of the	
Registrar	Hosfial authorities 7, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

0241

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesen at home, who are engaged in the dutics of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the husiness or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DISEAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic corebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Löbar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Enhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuny State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH County Clevil	6342 STATE OF MARYLAND CERTIFICATE OF DEATH	
2	90 Registration Dist. No. 94	
Village or City Man Day Vais (No.	St: Ward) (If death occurred in a hospital or institu-	
2FULL NAME Sarah a M	larry tion, give its NAME is stead of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Finale White Single, Married, Wildowed (Write the word)	16 DATE OF DEATH / 3 , 1920 Ø	
6 DATE OF BIRTH OLC 14, 195-7 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930 to 13 , 1930 that I last saw hereafter on 1930 to 3 , 1930	
7 AGE 72 yrs. 0 mos. 30 ds. or min.?		
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)	
(State or country) 10 NAME OF FATHER Parker Janding	Secondary Duration yrs	
OF FATHER (State or country) M OF FATHER (State or country) OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
of Mother not Known	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)	
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death?	
21 44	Former or usual residence	
(Address) North East QD.	Calvert of riendo Cenely Jan 16, 1930	
15 Filed /-/6-30.192 Les W. Queens Registrar	Juseph R Glow hort East by	
If more bianks are needed, address State Registrat	r, 16 W. Sarayoga St., Balto., Requesting V. S. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid American Medical Association.) approved as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainelanus) may be stated under the head of "contributory." peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature of the or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory Measles ;

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE

	Village or City Elklow (No. 7 Me	12830 STATE OF M CERTIFICATE Registration Di St.: Ward)	OF DEATH
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	Male White Single, MARRIEDS OR DIVORCED (Write the word) 6 DATE OF BIRTH Aux // 1859	16 DATE OF DEATH Morch 27, 1930 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 1930 to Mor 24, 1930	
	(Month) (Day) (Year)	that I last saw haralive on me	٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠
	7 AGE 7 yrs. 2 mos. If LESS than I day hrs. or min.?	and that death occurred on the date stated a The CAUSE OF DEATH : was as follows:	bove, at Washing, m.
	(a) Trade, profession or Day Kabore	•••••••••••••••••••••••	
110	(State or country) (b) General nature of industry business, or eatabliahment in which employed or (employer) 9 BIRTHPLACE (State or country) Manyland	Contributory Osterio School	yrs mos de.
	10 NAME OF FATHER Nathaniel Meekins 11 BIRTHPLACE OF FATHER (State or country) Maryland 2 U	(Signed) M. D. 3/24 1920 (Address) M. D. 2/24 1920 (Address) Metabox M. D. 2/24 1930 (Address) M. D. 2/24 1930 (Addres	
	of MOTHER Virginia Bolton	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,	
	13 BIRTHPLACE OF MOTHER (State or Country) Hary land		
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	in not at place of dealh? Former or usual residence	
	(Address) Elkton 2nd RD 2	19 PLACE OF BURIAL OR REMOVAL Still Pour Mid	DATE OF BURIAL
	Filed Mar 15 1930 - Fraul Bray en	20 UNDERTAKER HUP	Elkton hid

If more banks are needed, address tate Negistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired. 6 state occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomolive engineer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dcal-. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womyris). For persons who have no occupation without more precise specification as 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid four (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis earbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACGIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify ali Whooping cough; (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi 'Congenital,' "Senile," etc.), "Dropsy,"
," "Heart failure," "Haemorrhage," Chronic valvular heart disease Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence: All the data is essential and must be obtained before the certificate is permanently filed.

6

7

•	
PLACE OF DEAT	TH
I LACE OF DEAT	
C O	
unty level	
W	

STATE OF MARYLAND CERTIFICATE OF DEATH

County	Registration Dist. No. 911-
Plage or City have welling - 2 ms	St.: Ward) (If death occurred in a hospitul or institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) , 193 (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
AGE (Year) If LESS than dayhrs. da. or / min.?	and that death occured on the date stated above, at 30 Km The CAUSE OF DEATH * was as follows:
OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Del Jule - when 2 was
10 NAME OF FATHER OF FATHER (State or country) Certain Control of Contro	(Signed) (Duration) (Duration) (Signed) (Signed) (Address) (Duration) (Signed) (Signed) (Address) (Address
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Clail Co Vil	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death of the State of
(Informant) (Address)	Former or usual residence
Filed 4-8-30 192 Les W. Quesus, Registral	20 UNDERTAKER ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesgaged in domestic service for wages, as Serunt, Cook definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE GAUSING DEATH. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Cone should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." 'Dealsary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fover (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; isobar pneumonia. Bronchopneumonia ("Pneumonia.";

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tclanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anacmia" (merely symptomutic), "Atrophy." "Collapse," "Coma," "Convulsions," or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of theinjury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury diseases can be ascertained as the cause. Whooping (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage cough; Chronic etc. valvular heart disease; The Always qualify all "Haemorrhage, contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the cartificate is permanently filed.

	,		<	
(
			Ţ	
		Ē		
		100	<u>}</u>	
		b	>	

PLACE OF DEATH	STATE OF MARYLAND
County Olcel	CERTIFICATE OF DEATH
21	(82) Registration Dist. No. 92
Village or City Tredoreck lower	St.: Ward) (If death occurred
700	St.: Ward) (If death occurred a hoppital or institution, give its NAME.
2FULL NAME (NO //W	chaelkie well stead of street a
	J. Willace
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
To see all III To the WIDOWED.	1925
male while (Write the ward)	(Year) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased fro
19/9	1 2 2 3 3 192
(Month) (Day) (Year)	that I last saw h Walter on
7 AGE	
// yrs mos ds. or min.?	
8 OCCUPATION	1/22000
(a) Trade, profession or	VIVO MOTOR MERCO
particular kind of work (b) General nature of industry	Africa
business, or establishment in	alandon No O Choo Mas
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF A	- (Durstion) yrs
FATHER Meglicel	(Signed)
II BIRTHPLACE	192(Address) / A
Z (State or country) Toland	*State the Disease Causing Death, or, in deaths from Violent Causes trate (1) Means of lapury and (2) Whether Accidental, Suicidal or Hemicidal
TI MAIDEN NAME	
of MOTHER Vallo	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
6 m. 1 1	Former or usual residence.
(Informant) Va Manael	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 429 Charter for Ba	1 /x 0 / () 0
100 6 10	20 UNDERTAKER ADDRESS 1930
15	The state of the s
Filed ON N 18 19200 Thatel Trans	
Filed Grand 192 30 Miles Grand Registra	or, 16 W. Saratoga St. Balto, Requesting V. S. No. 1. Bells.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocer," etc., William Laborer, Laborershould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Foreman, For many occupations a single word or term on yrs). without more precise specification as Day Farm laborer, Laborer—Coal mine, etc. Wom-For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"Ezhaustion," "Heart rauncy, "Old Age," "Shock, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of " Uraemia, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statemen of cause of death approved by Committee on Nomenclature of the American Medical Association) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny American Medical Association.) "Atrophy," "Collapse," "Coma," .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease Chronic valvular heart disease; Example: Measles (disease etc. The contributory " "Convulsions,

If this certificate it leaded over the oughly and all questions answered in detail, it will preven turther correspondence. All the data is essential and most be obtained before the certificate is permanently filed.

Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PCIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate. CORD Y, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

N. B.

PLACE OF DEATH	3 01544 STATE OF MARYLAND
County Cecil	CERTIFICATE OF DEATH
	Nospital Registration Dist. No. St.: Ward) Miller The Stead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 7 192 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h has alive on
7 AGE 3 yrs. 8 mos. 2 3 ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yra mos 3 da,
which employed or (employer) BIRTHPLACE (State or country) Perusy waria	Contributory Secondary [Duration] y18
FATHER Frank Chiefon Miller S.	(Signed) M. D.
State of country) Mary land	*State the Playsse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Lucy Simpers	18 LENGTH OF RESIDENCE (For Hoapitals, Institutions, Trans- ients or Recent Residenta)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
(Informant) Millie Surpero	if not at place of dea.h? Former or usual residence
(Address) Election 2nd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Elkton Colored Centery 7 by 25. 1934
15 Filed Det 14 1920 4 Dank Mayor	20 UNDERTAKER Pipin Elector Mil
If more banks are needed, addre a tate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U.S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., William laborer, Laborershould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necestion applies to each and every cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, business, that fact may be indicated thus; Furmer (rework, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Deal-Paysician, Compositor, Architect, or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g ged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. whatever, write None. Foreman, For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The Stationary fireman, etc. But in many -Coal mine, etc. Womperson, irrespective of Locomotive engineer, (6) material Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." approved by Committee on "Exhaustion," "Heart lauluc,
> "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Caneer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. (Recommendations on statement of cause of death Chronic valvular heart disease; etc. The contributory affection need not be Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

MARGIN RESERVED FOR

V. S. No. 1

PLACE DE DEATH

PLACE OF DEATH	6343 STATE OF MARYLAND
County Olcel	CERTIFICATE OF DEATH 9
	Registration Dist. No. 97
Village or City Troordouse No.	St: Ward) (If death occurred
2FULL NAME JOSEPH	Melley a hospital or institution, give its NAME stead of street a number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
male white (Widowed Kee	(Marsh) (Day) (Norsh)
6 DATE OF BIRTH 4	(Month) (Day) (Year). 17 I HEREBY CERTIFY, That I attended the deceased from
no Insometion	192 1to 192
(Month) (Day) (Y	rear) that I last saw h Maive on 192
7 AGE Chart Hams IfLESS	
lebout Hy has I day.	
8 OCCUPATION	Welle Cled ween
(a) Trade, profession or particular kind of work // Jaster	and Ellereure
(b) General nature of industry business, or establishment in	(Durstion) yrs mos
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Welsurse	Secondary
10 NAME OF ()	(Signed) Buttle Hager M.
FATHER John Muller	
OF FATHER	*State the listage Causing Death, or, in Beaths from
Z (State or country)	*State the viscase Causing Desth, or, in deaths from Violent Causes, tate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Belle Wase	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra-
13 BIRTHPLACE OF MOTHER MANAGE OF MOTHER	At place In the
(State or Country) Hory Laus	of deathyrsmosds. Stateyrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
0 10 0	Former or
(Informant) osiph Miller	Former or usual zesidence
(Informant) oseph Miller Ecklise Mid RD	Former or usual residence
(Informant) osigh Miller (Andress) Elkling Ind RD	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mark Centerry Jan 28, 193
(Informant) oseph Miller Ecklise Mid RD	usual residence 19 FLACE OF BURIAL OR REMOVAL Mass Centery 20 UNDERTAKER Appress

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, g. ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. tired 6; yrs). business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery, muan, (b) Automobile fuctory. The material For persons who have no occupation Stationory fireman, etc. But in many As examples: (a)

Statement of Cause of Death—Name, first, the Dis-EALL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningisis"); Diphtheria (avoid use of "Croup"); Typhoid fener (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "(Exhaustion," "Heart failure," "Ifaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perdonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough; as fracture of skull, and consequences (e. g., sepsis, taken. FOR VIOLENT DEATHS State MEANS OF INJULY American Medical Association.) Examples: Accidental drowning; Struck by railway train Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1		Y, PHYSI-
t	CORD	ed EXACTL
	PERMANENT	should be stat
FOR	IS IS A I	ed. ACE
GIN RESERVED FOR BINDING	FADING INKTHIS IS A PERMANENT CORD	be carefully supplied. ACE should be stated EXACTLY, PHYSI-EATH in plain terms so that it may be properly classified. Exact
5	AD	Be C

	PLACE OF DEATH County Deal	O STATE OF I	
		Registration 1	Dist. No. 95
care.	Village or City North East md. (No	St:Ward)	(If death occurred is a hospital or institution, give its NAME Instead of street an number.)
2		1	
5	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE C	OF DEATH
200	MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)	/4, 1980 (Day) (Year)
6 DATE OF BIRTH (Write the word) (Write the word) (Month) (Day) (Year)	that I last saw h walive on		
non nen	7 AGE If LESS than dayhrs. wrsds. ormin.?	and that death occurred on the date stated The CAUSE OF DEATH was as follows:	above, at
Illpolitaille or	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)	
SLVS		(Signed) *State the Discase Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.	or, in deaths from imy and (2) Whether
22000	12 MAIDEN NAME OF MOTHER PLANE 13 BIRTHPLACE OF MOTHER (State or Country) Va.	1B LENGTH OF RESIDENCE (For Hospit ients or Recent Residents) At place of death yrs mos de. State Where was disease contracted,	
	(Informant) M. William Miller	if not at place of dea.h?	***************************************
	(Address) North East M. R. H.D.	19 PLACE OF BURIAL OR REMOVAL Thierds Burying ground Calvery	DATE OF BURIAL OFILE, 1988
0	Filed Ofer 15-1930 Registrar	J. E. Tyson	Rising Sun md.
1	Tomil issued and W-1930	, 16 W. Saratoga St., Balto., Requesting V. S	i. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the to report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid - probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Inanition," "Marasmus, when a definite disease "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Never report mere symptoms or terminal condi-" "Marasmus," "Old Age," "Shock," ChronicCarcinoma, Sarcoma, etc., of etc. The contributory valvular heart disease; Measles; of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	06618 STATE OF MARYLAND
County Lelle	CERTIFICATE OF DEATH
D. 2.	Registration Dist. No. 9
Village or City Old Mollo (No	St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street annumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 2 2 , 1980 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Lest 6 1891	192, 192,
(Month) (Day) (Year)	that I last saw halive on, 192
7 AGE [If LESS than	and that death occurred on the date stated above, atm
3.8 0 /6 I day hrs.	The CAUSE OF DEATH * was as follows:
Jyrs	Post-selvery
8 OCCUPATION (a) Trade, profession or particular kind of work	Coronory embolis
(b) General nature of industry	,
business, or establishment in which employed or (employer)	(Duration) yrs. mos. / ds
9 BIRTHPLACE (State or country) Minule ala	Contributory Secondary
10 NAME OF FRECENIS Melly	(Signed) Tallace m (Thurson M. D.
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental. Suicidal or Homicidal.
of Mother Wilhelmina Austron	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country) Services	ients or Recent Residents) At place of deathyrsmosds, Stateyrsmosds
14 THE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah?
(Informant Heabest Miller	Former or usual residence
(Address) Bek niels, md	Olerry Leel accepter, Kune 29, 1930
Filed June 15 1930 le Dans Registrar	Le Menunty Chile
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Form laborer, Laborer—Cool mine, etc. Wom-en at home, who are engaged in the duties of the er," eta, without more precise specification as Day additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Foreman, first line will be sufficient, e. g., Farmer or Planter, sician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on yrs). For persons who have no occupation Stotionary firemon, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart ranue, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary Chronic interstitial nephritis, American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; or intercurrent) " "Heart failure," "Haemorrhage, Chronic Example: Measles (disease etc. The contributory affection valvular hcart need not be Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

L'as	ਹ ਹ :
WRITE AI Y, WITH UNFADING INKTHIS IS A PERMAN	N. BEvery item of information should be carefully supplied. ACE chould be CIANS should state CAUSE OF DEATH in plain terms so that it may be
ER	hoi t m
4	at E
A	th.
IS	. 0
IIS	led ns
	ppl
7	su n t
Z	lly lai
O	ofu n p
Z	ET
AD	ATA
H.	OB.
5	In a
TH	Sh.
WI	us Con
-	CA
0	Est
AI	110 2:5
	- p
ш	oni
	sh
NR	~ co
	A
	MO !
	m
	ż

1PLACE OF DEATH	06016 STATE OF MARYLAND
County Cecil	CERTIFICATE OF DEATH
MIXAGE COMPORAT	Registration Dist. No. 92
Village or City Eleton No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2FULL NAME Bany offin	Ren number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 1923 (Month) May (Day) 28 (Year) 19
8 DATE OF BIRTH May 29, 1930	17 I HEREBY CERTIFY, That I attended the deceased from May 29 192 30 to May 29, 192 8.
(Month) (Day) (Year) 7 AGE If LESS than day hrs. day or min.	and that death occurred on the date stated above, at 2, 2, 8, m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yrs. 2 // mos da.
9 BIRTHPLACE (State or country)	Contributory Secondary Deration yts
10 NAME OF FATHER Harry J. Minher	(Signed) M. D.
OF FATHER (State or country) Okton, Old.	*State the I'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Margurete Crace	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Earlville My	At place of deathmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) 1900 Nargury hule	usual residence
(Address) Elle	May 19 1930
15 Filed June 20 1920 Junes Dayer	20 ENDOTAKERENDS : ADDRESS
If more banks are needed, address tate Kegistra	, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e g., Farmer or Flanter, tion applies to e ch and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. laborer, For many occupations a Farm laborer, Laborer-Coul minc, etc. Womsingle word or term on The ques-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinul ferer (the only definite synonym is "Epidemia cerebrosomial meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,"

> st.ted unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." "PUERPERAL septicaennia," "PUERPERAL peritonitis," etc. "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Com2," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sareoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menearbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condiinterstitial nephritis, " "Marasmus, " "Old Age, " "Shock," Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	07912 STATE OF MARYLAND
County Toesel	CERTIFICATE OF DEATH
Elde -	Registration Dist. No. 92
Village or City No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME it-
2FULL NAME & Q. M.	talell tion, give its NAME itstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Col MARRIED/ MARRIED/ Wildows With the word	16 DATE OF DEATH Relef 25, 1938 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Unknowing	192 to 192,
(Month) (Day) (Year)	that I last saw haliveron 20, 1925
about 38 _ IfLESS than I day hrs.	and that death occurred on the date stated above, at
yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or	Irom intormation -
particular kind of work	01
(b) General nature of industry business, or establishment in	Streeck by Reelyour train
which employed or (employer)	Contributory
(State or country)	Secondary
10 NAME OF FATHER	(Signed)Mosds,
M 11 BIRTHPLACE OF FATHER	
Z (State or country)	*State the Discusse Caustry Death, or, in deaths from Violent Caustry state (1) Weeks of Injury and (2) Whether Accidental Subidal of Rominidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant)	Former or usual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	20 UNDERTAKER ADDRESS
Filed July 25 1920 / Blue & Registrar	H. W. Pappin Elston Md.
If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-(b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Chronic valvular heart disease; ," "Coma," "Convulsions, etc. The contributory affection need not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	1	07913
	PLACE OF DEATH	STATE OF MARYLAND
	County Cecil	90 CERTIFICATE OF DEATH
	AND HIGH	TOTAL TE LIMITE OF
	Sout	Registration Dist. No.
	Village or City (No.	St.: Ward) (If death occurred in
	11 1. 0. 6	a nospital of institu-
	2FULL NAME Washington	m Montgomery tion, give its NAME is - stead of street and number.)
	1	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE. WARRIED.	16 DATE OF DEATH
	Male white OR DIVORCED	, 192,0
4	(Write the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	let 8 . 1853	192 O. to 192 2
ŀ	(Month) (Day) (Year)	shat I last saw h malive on See 2 4 , 192 , 192 ,
	7 AGE [If LESS than	and that death occurred on the date stated above, at
	766 9 9 1 day hrs.	The CAUSE OF DEATH * was as follows:
	yrsmosds. ormin.?	Jan
	8 OCCUPATION (a) Trade, profession or A	Moretral sulotten?
1	particular kind of work	
64	(b) General nature of industry business, or establishment in Fisherman	
4	which employed or (employer)	(Duration) yrs. mos de.
	9 BIRTHPLACE	Contributory Alime Mycantition
	(State or country) Drang land	Dustion) 2 vie mos de
	10 NAME OF	() // X2 /e/
	FATHER Win Plontgomery	(Signed) M. D.
	OF FATHER	192 (Address) 200
	(State or country) Many Land	*State the Disease Causing Death, or, in deaths 11-m Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	IZ MAIDEN NAME	
	of MOTHER ho information	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place In the
	(State or Country) to constrout	of deathyrsds. Stateyrsds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	2 11 7/11	Former or usual residence
	(Informant) May Paul	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) UKtow hy	Sout Cat l. Cand July 31 2.
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	action cache the part 1, 19.30
	18 Filed July 30 1930 1 - 1000	20 UNDERTAKER LADDRESS
	Registrar	Hutten Estow his
	If more banks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol as fracture of skull, and consequences (e.g., sepsis, "Exhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, "Congenital," "Senile," etc.), "Dropsy,"
> "Heart failure," "Haemorrhage," Chronic valvular heart disease etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

20

PHYSI-		e of Death
CORD to EXACTLY of EXACTLY classification relificate.		ull NAME Sam
	PERSO	ONAL AND STATIST
ENT of	3 SEX	4 COLOR OR RACE
R BINDING A PERMAN CE should be hat it may be ons on back	Male 6 DATE OF B	White Sept.
ONA	7 AGE	

(b) General nature of industry

business, or establishment in which employed or (employer)

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER

(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)

9 BIRTHPLACE

ARENTS

ACE	OF	DEA	TH	
10		1		
C_e	CI			
		10.1		

12340

STATE OF MARYLAND

	(15) CERTIFICATE OF DEATH
	Registration Dist. No. 9/
oh.	e Mia Bridge St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
0	ore number.)
	MEDICAL CERTIFICATE OF DEATH
2	16 DATE OF DEATH October 16- , 1920.
	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
2	Sept 13 100 to Oct 16 - , 1030.
r)	that I last saw hi Ma alive on October. 7 , 1930.;
nan hrs.	and that death occurred on the date stated above, at 3 A m. The CAUSE OF DEATH * was as follows:
	generalizado septeralma.
	Contributory Gangnue Wh-leg-
1	(Duration)ds.
	(Signed) Catheine Joodson - M. D. Ch 16 19BO (Address) Cecilton - md.
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place of deathyrsmosds. In the Stateyrsmosds.
-	Where was disease contracted, if not at place of death?
3	Former or usual residence
	Get 18. 1920
	Halewa Ceruly Mr. Det /8, 1920

THE BEST OF MY KNOWLEDGE

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrer

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Solcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plunter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scream, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Munager," "Deal-Civil engineer, Stotionary fireman, etc. But in many tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a Form laborer, without more precise specification as Doy For persons who have no occupation Loborer-Coal mine, etc. Womsingle word or term on (6) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sorcomo, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondar) American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Measles ;

if this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the date is essential and must be obtained before the certificate is permanently filed.

YSI	xact
H	PG.
N. BEvery item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
EXAC	y cla
ated	operi
se st	se pr k of
pine	nay t
5 E 10	at it r
ACE	o the
Hed.	ms s nstri
dns	See i
fully	n pla ant.
care	TH i
ld be	DEA
shou	IS V
tlon	TION
orma	uza.
f Inf	ld st
tem of Info	shou ont of
ry ite	CIANS should state CAUSE CF DEATH in plain terms so that it may be properly class statement of OCCUPATION Is very important. See instructions on back of certificate.
Eve	Sta
. M	

PLACE OF DEATH	02831 STATE OF MARYLAND
County Cecil	CERTIFICATE OF DEATH
	Registration Dist. No. 97
Village or City Elston (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Wildowed. OR DIVORCED (Write the word)	16 DATE OF DEATH March 24, 1936 (Month) (Day) (Year)
6 DATE OF BIRTH Sept 22, 192 (Month) (Day) (Year)	THEREBY CERTIFY, That I attended the deceased from the last saw he alive on man 23, 1910.
B OCCUPATION (a) Trade, profession or particular kind of work	s. The CAUSE)OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	(Duration) yrs. mos. 7 d Contributory Acule Bronchik
10 NAME OF FATHER Cecil moone 11 BIRTHPLACE	(Signed). (Signed). (Address). (Address). (Signed). (Address). (Ad
(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 COUNTRY 15 COUNTRY 16 COUNTRY 17 COUNTRY 18 COUNTRY 19 COUNTRY 19 COUNTRY 10 COUNTRY 11 COUNTRY 12 MAIDEN NAME OF MOTHER 13 COUNTRY 14 COUNTRY 15 COUNTRY 16 COUNTRY 17 COUNTRY 18 CO	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents) At place of deathyrsmosds. Stateyrsmosd
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Celblin R.D. Md	Where was disease contracted, if not at place of dea.h? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Charachite M. C. Center M. C. 19.3.
15 Filed March w 1930 J March Baye	Joseph R From horth East rar, V. W. Baratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, etc., For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material -Coal mine, etc. Wom-6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death clanus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Committee on Nomenclature of the Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SI-	PLACE OF DEATH	12341 STATE OF MARYLAND
E iù	County Lee	CERTIFICATE OF DEATH
Fed	@ , 0 / '1.	Registration Dist. No. 96
assirte.	Village or City Jort DefsorNot	St: Ward) (If death occurred in a hospital or institu
No o X	2FULL NAME Halmali M. 7.	Morau, tion, give its NAME in stead of street and number.)
ated operi certif	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
may be pr may be pr n back of	Jenual white (Stinete, MARRIED, Married or Divorced (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
Stip	6 DATE OF BIRTH August 25-, 187J- (Month) (Day) (Year)	17 C HEREBY CERTIFY, That I attended the deceased from 1972 to C 20 1970 that I last saw h consilive on O 4 1970
ed. A	7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
suppli in term See in	B OCCUPATION (a) Trade, profession or Houseworle particular kind of work	Gangren both ful
refully in plai	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos ds.
be caref EATH in Importa	9 BIRTHPLACE (State or country)	Secondary (Durgion) yrs mos de
OF DE	10 NAME OF John Bannan	(Signed) 198 M.
AUSE ION :	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAT	of MOTHER Levuvre Robinson,	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
d star	13 BIRTHPLACE OF MOTHER (State or Country).	At place of deathyrsds. In the Stateyrsds Where was disease contracted,
oul	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
y iten NS sh ement	(Informant) J. H. Murray,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
CIANS Stateme	15 Filed 10/3 190 L. F. Sanders,	20 UN DERTAKER ADDRESS MA
zi zi	Registrar	r, 16 W. Saratoga St. Baito., Requesting V. S. No. 1.
- 1		

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stotionory fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Furmer household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Form laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the 6 Grocery, (re-2)

Statement of Cause of Death—Name, first, the bise EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Brouchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Meosles; inges, peritonueum, etc., Curcinoma, Sorcoma, etc., of name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus, vivase;" etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar) Whooping cough; American Medical Association.) approved by Committee on Nomenclature of the tetring) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi interstitud nephritis, or intercurrent) affection need not be Chronic valvular heort discose, Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

		PLACE OF DEATH	04167 STATE OF MARYLAND
	•	County Cecil	CERTIFICATE OF DEATH
		1 1	Registration Dist. No. 9/
	Vill	lage or City Chesapeak No. City	St.: Ward) (If death occurred in a hospital or institu-
1100		2 FULL NAME Henry Clay Mr.	stead of street and number.)
oeri		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	3 S	cale White Single, MARRIED, Single WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
o on p	8 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
		lleg 2/ 1853	afrif 15 - 1920. to afrif 26 -, 1920.
ou		(Month) (Day) (Year)	that I last saw have alive on after 25 2, 192, d.,
rot	7 A	GE IFLESS than	and that death occurred on the date stated above, at
str		76 (5 I day hrs.	The CAUSE OF DEATH * was as follows:
2		yrsds. ormin.?	fffj.
00	(8	Trade, profession or Carhenter	- Carl My
9		o) General nature of industry	Subolism
nt I	bı	usiness, or establishment in	(Duration) yrs mos & de,
tr.	W	hich employed or (employer)	Contributory Planic Impressel
dwi	9 B	(State or country) Maryland	Secondary
very		TO NAME OF James W. Morgan	(Signed) M. D.
60	S	11 BIRTHPLACE	192 (Address)
0	RENT	OF FATHER (State or country) Mary laved 12 MAIDEN NAME 2	*State the I is ase Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
V	A	OF MOTHER Rebecca Cline Hoys	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ממ	-	13 BIRTHPLACE	ients or Recent Residents) At place in the
O	1	OF MOTHER (State or Country) Many lacet	of deathyrsmosds. Stateyrsmosds.
0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted, if not at place of dea h?
ento		(Informant) Mrs Hattre Ellison	Former or usual residence
statem		(Address) Chesopeake Eily Mid	St Stephens Centry and Co 28, 1930
00	15	Filed Offil 27 19230 B. Haward Brayon	20 UNDERTAKER Septem Ref
		If more blanks are needed, address ttate Kegistrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 · yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH g. ged in domestic service. for wages, as Servant, Cook to report specifically the occupations of persons enployed, as Al school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Howsemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-Compositor, For persons who have no occupation Stationary fireman, etc. But in many Archilect, Locomotive engineer, The ques-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time, and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever insever report "Typhoid Pneumonia," Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

"PUERPERAL septicaemia," "PUERPERAL peritonitis," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition, "(Debility" ("Congenital," "Senile," etc.), "Dropsy," tions, such as "Asthenia," "Anaemia" (merely symptom. causing Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. State cause for which surgical operation was undercan be ascertained "Exhaustion," (secondary or intercurrent) affection Chronie "Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJULY death), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, (name origin; "Cancer" is less definite; avoid " "Marasmus, Committee on Nomenclature of the "Heart failure," "Haemorrhage, as the cause. Always qualify all Chronic and consequences (e.g., sepsis, " " Old Age, " "Coma," "Convulsions, valvular heart disease, etc. The contributory need not be " Shock, Mcasles ;

If this certificate is looked over thoroughly and all questions amswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	05439 STATE OF MARYLAND
County County	CERTIFICATE OF DEATH
triad It (last	Registration Dist. No. 70
Village or City Malaricktown MG	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Robert C, Mr	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWS OR DIVORCED (Write the word)	May 16, 1930. (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
3, 1848	11 ar. 19130. to May 10, 1930,
(Month) (Day) (Year)	that I last saw humalive on May 192,
7 AGE II LESS than I day	and that death occurred on the date stated above at
82 yrs. 3 mos. 19ds. or min.?	A A
8 OCCUPATION (a) Trade, profession or particular kind of work	Organic Valsular Heast,
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yrs, mos_, ds,
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF	(Duration) yrsmosds.
FATHER John M. MARAAW	(Signed) M. D.
O II BIRTHPLACE	May 16 1930 (Address) Jaleur MA
(State or counter scil Co. M.C.	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Wary Syale	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER POLICE	At place of deathyrsmosds, Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of doa.h?
million of	Former or usual residence
(Informant)	19 PLAGE OF BURAL OR REMOVAL DATE OF BURIAL
(Address) Searce of our MA	State un Cometie may 19 = 1930
15 Filed 5/16 19230 Molloware Registras	TO UNDERTACES Collow Ma
If more blanks are needed, address Ltate Negistras	, 16 W. Saratoga St., Javo., Kequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits ean be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (o) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Duy worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer, (reg ged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Housemuid, etc. If the occupation has been changed first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of Foremon, For many occupations a single word or term on or At Home, and children, not gainfully em-Form laborer, Loborer --- Coal minc, etc. Wom-(b) Cotton mill; (c) Salesman, (b) Grocery; mon, (b) Automobile foctory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is lcss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the or as probably such, if impossible to determine definitely. American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-Chronic etc. valvular heart disease The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

=	-3 7 6	7	8	9	0 + 2 L C × C	1.	1	-
	חוו ממכש מו	and and and	. 360	very important. See in	dia si mala sal	200 10 111011	91816	
Dartiflo	on hock of	tructions	+ 600 100	Immount.	WALL OF WOITACHE	nont of Occ	pototon	
operity	it may be pr	s so that	lain term	EATH in c	tate CAUSE OF D	s should st	CIANS	
ated E)	should be st	ed. ACE	lly supplie	be carefu	N. B Every item of information should be carefully supplied. ACE should be stated EX	item of inf	B Every	ż
	ERMANENT	SISAF	INKTHI	FADING	WRITE ALL Y, WITH UNFADING INKTHIS IS A PERMANENT IC	RITE	8	
-						•		

PLACE OF DEATH	01545 STATE OF MARYLAND
County Cecil	CERTIFICATE OF DEATH
a P	Registration Dist. No. 7/
Village or City Thesafrake (No. 14) 2FULL NAME Eliza & Mor	St.: Ward) St.: Ward) A hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE. Wildows. White Whole Whole Wildows. OR DIVORCED (Write the word)	16 DATE OF DEATH — /8-, 19430 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 2/8-30_192to
7 AGE 7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, at 0:50 P. m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or A Home particular kind of work	arterio-sclerosis
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Augina pectoris Secondary (Duration) To mos da. (Daration) To mos da.
10 NAME OF FATHER OSEPH Costello 11 BIRTHPLACE OF FATHER (State or country) May law	(Signed) (Address) (Signed) (Address) (Signed) (Address) (Address) (Signed) (Address)
12 MAIDEN NAME OF MOTHER Many J. Pierce 13 BIRTHPLACE OF MOTHER (State or Country) Manyland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disesse contracted,
(Informant) mor Clas Booker	if not at place of dea.h?
(Address) Chesaperke City Ind	Bether Cerely 7-1930
Filed 2/22 1930 Bestamand Sawar Registras	20 UNDERTAKER 20 Sekton Try
Manage hanks are needed address that Kegistras	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

laborer, Form laborer, Laborer—Coal minc, etc. Wom-en at home, who are engaged in the duties of the ·er," etc., household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. g ged in domestic service for wages, as Scrvant, Cook, Housemoid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Doy Grocery,

spinal meningitis"); Diphlheria (avoid use of "Croup"); ferer (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and eausation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

> tatanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart discose; Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-" "Weakness," etc., when a definite disease or intercurrent) affection need not be

data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. permanently filed. If this certificate is looked over thoroughly and all qu stions

N. B.--Every item of information should be carefully supplied. ACE should be stated EXAOTLY CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. CORD , WITH UNFADING INK--THIS IS A PERMANENT WRITE

BINDING

FOR

MARGIN RESERVED

	PLACE OF DEATH County Reil		02832	STATE OF N	
	County	**************************************	(91-C)	CERTIFICATE Registration I	al
ate.	Village or City Lotte	posta _		St.: Ward)	(16.1-4)
tific	2FULL NAME	arles/ M. Mu	orrison	V 1	number.)
oer	PERSONAL AND STATIST		MEDIO	CAL CERTIFICATE O	F DEATH
ack of	Male white	5 SINGLE, MARRIED, NESSUE WIDOWED, OR DIVORGED (Write the word)	16 DATE OF DEATH	Mouch (Month)	(Day) (Year)
d no su	6 DATE OF BIRTH	1 31-, 1873	Feb 10	Y CERTIFY, That I atte	nded the deceased from
tructlo	7 AGE (Mont)	(Day) (Year) If LESS than I dayhrs.		rred on the date stated	above, at
See ins	a) OCCUPATION (a) Trade, profession or particular kind of work (b) Coneral patters of industry	her istered and	Wilsla	tem f	urta.
portant.	business, or establishment in which employed or (employer)	tale Rosas	Contributory &	Cets Rufle	ere Jawos
very im	(State or country) Mari	Menrison	(Signed)	Weeks	
ION is	OF FATHER (State or country) 12 MAIDEN NAME	isylvania	*State the	Address) Death, Disease Causing Death, tate (1) Means of Injugar Homicidal.	or, in deaths from any and (2) Whether
CUPAT	12 MAIDEN NAME OF MOTHER CARRIE 13 BIRTHPLACE OF MOTHER	et nurphy,	18 LENGTH OF Rients or Recent R	ESIDENCE (For Hospita esidents)	ds, Institutions, Trans-
f 00	(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease eon if not at place of de	tracted,	yrsds.
nent o	(Informant) Mus. Ou	mison-	Former or usual residence		DATE OF BURIAL
statemen	(Address) Tarth	reposit med.	Hoperel 20 UNDERTAKER	0 1-	Melv. 4; 1930.
	Filed 1920	Registrar	Lecure	Stouthon &	Hadrice Med

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coul mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL **epticuemia," "PUERPERAL **peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Shock," "Shock,") tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar/ Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g.. Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATIL Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, (6) (irocery)

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebros prinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopncumonia ("Pneumonia,"

BUERAU

"(Exhaustion," "Heart langue," "Old Age," "Shock," "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, perilonacum, etc., Carcinoma, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL scpticaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmcumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondar, Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; Chronic (name origin; "Caneer" is less definite; avoid "Atrophy." "Collapse," "Coma," Never report mere symptoms or terminal condior intercurrent) affection need not be valvular heart disease; etc. The contributory Sarcomo,, etc., of " "Convulsions,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

2

	PLACE OF DEATH County Coul	12342	STATE OF I	
	near Elklou Rv 2	18	Registration	Dist. No. 92
Vi	2FULL NAME Catherine	mul	St: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ON OBCOMODICAL Write the work of the color of th	16 DATE OF DEATH	Oer 2	2/9± , 1935 (Year)
6	DATE OF BIRTH april 2221, 1906	,		ended the deceased from
-	(Month) (Day) (Year)	that I last saw h	alive on	1923
7	16 If LESS than 1 day hrs. 29 ds. or min.?	//	TH * was as follows:	above, atm.
8 OCCUPATION (a) Trade, profession or particular kind of work		Suffor	cellou	
business, or establishment in which employed or (employer)		(Duration) Case de not alty		
9 BIRTHPLACE (State or country)		Contributory College Condary Secondary VIII College Co		
	10 NAME OR Stahl	(Signed) + Saul Fayer M.D.		
PARENTS	OF FATHER (State or country)		isease Causing Death, tate (1) Means of his	or, in the from iury and (2) Whether
	of MOTHER Underwer		SIDENCE (For Hospi	tals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsr	nosds. In the	teyrsmosds.
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence.		
	(Address) Elkelsin, M. Poz	19 PLACE OF BURIA	L OR REMOVAL	Oct 23, 193
15	File Ool 29 19730 Buan Frage.	20 UNDERTAKER H W	Pippin	Elkton Ind
=	If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.			

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits ean be known. definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (o) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement tion applies to each and every person, irrespective of Foreman, (b) Automobile fuctory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Farm loborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Grocery,

Lobor pneumonia.

Live None.

"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "Puerperal septicuemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." as_fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State eause for which surgical operation was under-(secondar/ unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Corcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Chronic valvular heart disease; by Committee on Nomenclature of the or intercurrent) affection need not be Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the dutas is exsential and must be obtained before the certificate is permaneutly filed.

6	1	PHYSI
	ORD	d. ACE should be stated EXACTLY, PHYSIS to that it may be properly classified. Exact the state of the state of certificate.
	S IS A PERMANENT NORD	stated E
DING	MANEN	ay be p
FOR BINDING	PER	st it m
FOR	S IS A	d. ACE so the

PLACE OF DEATH	12343 STATE OF MARYLAND
County Levil	CERTIFICATE OF DEATH
	Registration Dist. No. 76
Village or City of thedale (No. 2FULL NAME MINEROW & 1	St: Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCE OR DIVORCE (Write-the word) 6 DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH (Month) 2 (Day) 193(Pear) 17 I HEREBY CERTIFY, That I attended the deceased from Sept. 3 1920 to OCF - 27- , 1930 that I last saw h & Alive on OCF - 27- , 1930
7 AGE Standard St	
Carticular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 10 yrs. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER CHURS A. M. Cullouse	Secondary (Durstion) yrs
UN THE STATE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Varoh, Elle Croy (Address) Blythedale Jolel.	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL LESTER LUTAL CEMP. 19 DATE OF BURIAL 19 DATE OF BURIAL 19 DATE OF BURIAL
Filed Obt 30/1930 L. F. Sauders Registrar If more hanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

WRITE

N.B.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Cool mine, etc. Wom-laborer, Form loborer, Laborer—Cool mine, etc. Wom-Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many Locomolive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted the composition of the same disease. Examples: Cerebrosphul fever (the only definite synonym is "Epidemic cerebrosphul spinal meningitis"); Diphlheria (avoid use of "Croup"); spinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by roilway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cl tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

atic), "Atrophy." "Collapse," "Coma," "Convulsions,"
"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; lclanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway trainor intercurrent) affection need not be ss important. Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No.

σž

>

8.--

Ė

PLACE OF DEATH County Cecil	STATE OF MARYLAND CERTIFICATE OF DEATH
0 05	Registration Dist. No.
Village or City Day View (No	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
The second district the second	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORGED (Write the word)	16 DATE OF DEATH Jely - 23., 1930. (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 1 HEREBY CERTIFY, That I attended the deceased from 21 1930 to 3 1930, 1930, that I last saw hamalive on July 23, 1932,
7 AGE 63 yrs. 8 mos. /6 ds. If LESS than day hrs. or min.?	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
(a) Trade, profession or articular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 4 yrs. mos. ds.
9 BIRTHPLACE (State or country) M-d	Contributory Secondary Duption yis mos ds,
10 NAME OF FATHER C. Murray	(Signed) M. D. Buby Zef 19 Bo (Address) March East, mg
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Name Namah m. Jeffers	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyismosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant). Mrs L. C. Murray	Former or usual residence
(Address) north East Or D md	Friends Censeley Calver Feb 26, 1930 20 UNDERTAKER ADDRESS
Filed 2-25-36 192 Lo W. Weeled. Registral	Dough R Grant north East me
If more banks are needed, addre.s State Registra	15 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housenwid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a r," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material -Coal mine, etc. Wom-(6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train. or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	(1400)
PLACE OF DEATH	STATE OF MARYLAND
County & & cul	CERTIFICATE OF DEATH
County	GERTIFICATE OF DEATH
(1)10x / 1	Registration Dist. No.
To both ill	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Village or City / 1/1 / (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
(/11/-11.	tion, give its NAME in-
2FULL NAME / William /	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED,	16 DATE OF DEATH
WIDOWED. OR DIVORGED	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 \ I HEREBY CERTIFY, That I attended the deceased from
+ /11 ,- 1/1	1929 to Man a , 1930.
1860	1 200
(Month) (Day) (Year)	that I last saw h me alive on Work, 1920,
7 AGE // IfLESS than	and that death occurred on the date stated above, at
l day hrs.	The CAUSE OF DEATH * was as follows:
/ yrs. mos. ds. or min.?	
BOCCUPATION	
(a) Trade, profession or	endred af thelip
particular kind of work XXXVIII	
(b) General nature of industry	
business, or establishment in	(Durstion) yrs. 6 mos. ds.
which employed or (employer)	Contributory Salary Selevin
BIRTHPLACE (State or country)	Contributory Secondary
(State or country)	(Durstion) 2 yrs mos ds.
10 NAME OF	
FATHER MANAGE MALLOWS	(Signed) M. D.
11 BIRTHPLACE	1/2 (Address) / rusan/only
OF FATHER	
Z (State of country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Mcans of Injury and (2) Whether
12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER //any Amella	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place In the state with the state
(State or Country).	
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
M: 110 V In	Former or
(Informant) Wis W. F. Murry	usual residence
10 10 1 -1 m	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) of hour ///	mt & Cont nuly 11.5.
	The principality of the state o
5 Filed 3/ 11 109 77 . Sauden	20 UNDERTAKER ADDRESS
Filed St 10 1930 J. T. Sanders	of which the state of the same

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WITH UNFADING INK--THIS IS A PERMANENT BINDING FOR MARGIN RESERVED

1011

CORD

V. S. No. 1

WRITE

N. B.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. haborer, Farm laborer, Laborer-coal mine, etc. wour-en at home, who are engaged in the duties of the additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons en-,, etc., Foreman, For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted te; an for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of American Medical Association.) "Inanition," "Wardshus," etc., when a definite disease "Ilraemia," "Weakness," etc., Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Meosles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menletanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicuemia," "PUERPERAL peritonihis, diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, (secondar, or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Atrophy" "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic valvular heart disease, Example: Mcaslcs (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(if death occurred in

a hospital or institu-tion, give its NAME irstend of street and

number.)

or, in

In the

deaths from

DATE OF BURIAL

STATE OF MARYLAND CERTIFICATE OF DEATH ACTLY, F Registration Dist. No. Ward) (No. certifica properly of certif PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED BINDING WIDOWED OR DIVORCED may n ba Write the word) That I attended the Accessed from 6 DATE OF BIRTH hat (Day) and that death occured on the date stated above, If LESS than 7 AGE I day hrs. The CAUSE OF DEATH * 8 OCCUPATION ERVI (a) I rade, profession or particular kind of work ESI (b) General nature of industry business, or establishment in K which employed or (employer) Contributory MARGIN Secondary (State or country) Duration) 10 NAME OF (Signed) (Address) ... 11 BIRTHPLACE Disrase OF FATHER Causing Death, the OZ Z Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. (State or country) 0 RE 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER inform ients or Recent Residents) 13 BIRTHPLACE At place of death... OF MOTHER (State or country) Where was disease contracted, P if not at place of death? of 14 THE ABOVE 195 Former or usual residence. Every its CIANS statements

> St., Baito., Requesting V. S. No. 1. If more branks are needed, address State Registrar, 16 W. Saratoga

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer-Coal mine, etc. tired 6 yrs). Spinner, should be used only when needed. As examples : (a) additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Coak work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, report specifically the occupations of persons en-Foreman, (b) For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery, eman, (b) Automobile factory. The material without more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Inbar pneumonia, Bronchopneumonia ("Pneumonia")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, telanus) may be stated under the head of "contributory." tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms; Measles; taken. FOR VIOLENT DEATHS State MEANS OF INJURY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drouning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-.... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, Chronic valvular heart disease; etc. The contributory Sarconia,, etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

4	SSI	Village or City Woon to	St.;
COR	EXAC	2FULL NAME Win Franklin	Murphy
I	atec	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFIC
IANEN	id be st bear ack of	Male White Single, MARRIED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH MILE
A PERM	ACE should that it ma ctions on b	Month (Day) (Year)	17 I HEREBY CERTIFY, The 193 C. to
HIS IS	ms so t nstructi	7 AGE 5-3 yrs	and that death occurred on the dat
INKT	plain terint. See i	(a) Trade, profession or Coffair particular kind of work (b) General nature of industry Barge	Cowner
ADING	ATH in pumportan	business, or establishment in which employed or (employer) South Taury BIRTHPLACE (State or country)	Contributory Secondary
H UNF	oF DE	10 NAME OF FATHER Win Murphy 11 BIRTHPLACE	(Signed) 192 (Address)
, WIT	CAUSE TION	C (State or country) 12 MAIDEN NAME	*State the Discase Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.
AI	f Informad state	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
RITE	shoul	(Informant) We to the Best of MY KNOWLEDGE	if not at place of dea.h? Former or usual residence.
W	Every i	(Address) Chesufeake City Ry	Bethel Country 20 UN DERTAKER
E	Z.	Filed fame 9 1920 f Junk huge Kegistrar	H. W. Fifpin

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) Ward) CATE OF DEATH ch)(Day)____ at I attended the deceased from e stated above, at. Death, or, in deaths from of Injury and (2) Whether

Hospitals, Institutions, Trans-

In the State yrs mos.

DATE OF BURIAL

ing V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

8	GORI	EXAC'Iy clas	2FULL NAME VEL		
		stated E		PERSONAL AND STATISTICA	
70	Z	0 0	3 8	SEX 4 COLOR OR RACE 5 S	
BINDING	PERMÄNEI	d be	1	com White	
Z	RM	s on bac	6 1	ATE OF BIRTH	
		at it		hum a	
FOR	A	ACE that that		(Month)	
F	SIS	plied. ACE srms so that instructions	7 /	AGE m	
ED	H	olle ms inst		yrs. O mos	
RESERVED	UNFADING INKTHIS	carefully supplied. ACE: TH in plain terms so that portant. See instructions	(p	occupation a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)	
N U	ADI	be ca EATH Impo	9 8	(State or country)	
MARGI	CN	ould SF D		10 NAME OF FATHER VELLEN	
	NITH	m =	NTS	OF FATHER (State or country)	
	, Y	mation e CAUS	PARE	12 MAIDEN NAME OF MOTHER	
	AV	f inford state		13 BIRTHPLACE OF MOTHER (State or Country)	
	E	should	14	THE ABOVE IS TRUE TO THE BEST OF	
	WRITE	item sho		(Informant)	
		Every Item CIANS sh statement		(Address)	
Ü		BEv Cl	15	Filed/Heh 9 19230/Sh	
		ż	-	If more blanks are need	

PLACE OF DEATH	02834 STATE OF MARYLAND
County Cul	CERTIFICATE OF DEATH
Gelli.	Registration Dist. No. 92
Village or City (No	Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Mun 9 , 1923 d
(Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 1923 to 20 1923 to
7 AGE If LESS than I day 0 hrs. or 20 min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry	my willed alalestasis
business, or establishment in which employed or (employer)	(Duration)ds.
9 BIRTHPLACE (State or country) (State or country) (State or country)	Secondary (Puration) 715 mos. ds.
10 NAME OF FATHER Wellin Well's	(Signed) M. D.
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER War Dunell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant)	Former or usual residence
(Address) Want W	miclelatourn feet , 19
15 Filed/Weh 9 19230 / Back Frager	John Wilson midatelown
If more blanks are needed, addre.s State Registrar	16 W. Stratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. should be used only when needed. As examples: (a) cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, first line will be sufficient, e.g., Farmer or Planter, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer, 6 Grocery;

Strtement of Cause of Death—Name, first, the disease is causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Iraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; American Medical Association.) approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE

N. B.--

V. S. No. 1

X		PHYS
	CORD	EXACTL ly classifi
טע	NENT	be stated be proper
BINDI	PERMA	E should at it may
FOR	IS A	So th
MARGIN RESERVED FOR BINDING	TH UNFADING INK-THIS IS A PERMANENT CORD	should be carefully supplied. ACE should be stated EXACTLY, PHY:
MARGIN	TH UNFADII	Should be ca

PLACE OF DEATH County County	02835	STATE OF CERTIFICATE Registration	OF DEATH
Village or City Perry Point (No. 2FULL NAME Helen Elizabeth	heil	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	CAL CERTIFICATE	OF DEATH
Female 4 COLOR OR RACE SHIGHE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	march 10	(Day) (Year)
SATE OF BIRTH (Month) (Day) (Year)	Oct 15	1938. 10 Ma	tended the deceased from 1930,
If LESS than day hrs. or min.?		TH * was as follows:	d above, at 8,40 Pm.
(a) Trace, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory	(Durstion)	yrs. 6 mosds.
(State or country) mercer Pa. 10 NAME OF FATHER Abraham Presion Pew. 11 BIRTHPLACE OF FATHER (State or country) Pensylvania	(Signed) 192	In w De	M. D. Pout Ind or, in deaths from
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country).	18 LENGTH OF Ri	esidents) in the mosds.	tals, Institutions, Trans-
(Informant) (Address) (Address) (Address)	Where was disease con if not at place of des Former or usual residence	REMOVAL M	DATE OF BURIAL NUELU. 13 19 30.
15 Filed 3/1/ 192/ I. F Sanday	20 UNDERTAKER	5.5.	ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Cure should be taken state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The queswhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (u)additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. etc., Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Luborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever '(the only definite synonym is 'Epidemic cerebrospinal meningitis''); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronelopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Brouchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association. approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar/ Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	10301 STATE OF MARYLAND
County Olcil	CERTIFICATE OF DEATH
5011-	/Registration Dist. No. 92
Village or City Oklow (No. 1)	Monthopkeld Ward) (If death occurred in
2FULL NAME John	Mesbett a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Male Colored & Dower	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Nov 204 1889	₹92 <u>f</u> 0., 192.,
(Month) (Day) (Year)	that I last saw h Maliva on
7 AGE / If LESS that	and that death occurred on the date stated above, at 10.30 Pm.
49 10 1 day hrs	
yrs	Jom myomeerow
(a) Trade, profession or	Tractined certical vertebra
particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) vrsmosds.
9 BIRTHPLACE	Contributory Fall from ladder
(State or country)	Secondary (Duration) yrs
10 NAME OF)	(Signed) M. D.
Dolomon / lesbett	/ 192 (Address)
OF FATHER	Tate the Lisease Causing Death, in deaths from
Z (State or country)	Violety Causes, state (1) Means of Injury and (2) Whether Agenduntal, Science or Cominded
OF MOTHER A WALLEY	10 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country) Menown	At place of deathyrsmosds. in the Stateyrsmosds.
14 THE ABOVE IS TRUE TO, THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea h?
Etta nostett	Former or Way 1 residence Chitox RD 2
(Informant)	19 PLACE OF BURIAL OR REMOVAL A DATE OF BURIAL
(Address) Elklow, Mª Ro 2	Cartery Flerry Seff L4,030
15 1/ 1/23 31 1 M. hore	20 UNDERTAKER ADDRESS
Filed 2 fer 1920 for Journal Registras	7. W. Tispin Election has
If more blanks are needed, address take Registre	ar, 18 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from sary to know (a) the kind of work and also (b) the tion applies to e.ch and every person, irrespective cf whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., Without more processing, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Womworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material For many occupations a single word or term on Grocery;

Statement of Cause of Death—Name, first, the DISEASS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemia cerebros, inal menin, itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st. ted unless important. Example: Measles (disease (secondar j or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway traindiseases unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage cough; " "Marasmus," "Old Age," "Shock," Chronicetc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	HYSI- Exact
•	TLY, P
COR	d EXAC
TNE	e prope
ERMA	hould but may be on back
IS A P	AGE So that i
-THIS	upplied terms se instr
G INK-	efully sign plain ant. Se
FADIN	be care EATH in
NO H	should E OF D is very
k, wil	CAUSE ATION
A STATE OF THE PROPERTY OF THE	inform d state
WRITE AIM, WITH UNFADING INK-THIS IS A PERMANENT CORD	N. BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
15	CIAN State
	<u>.</u>

Village or City U. S. Veterans' Hospital, Pery Point, Maryland, St.: 2FULL NAME NICK, Carl C-None PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE SINGLE WIDOWED WIDO	PLACE OF DEATH County CECIL	02836 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 96	
SEX Male White Whower Widowed OR DIVORCED (With the word) 6 DATE OF BIRTH November 20, 1896 (Month) (Day) (Year) 7 AGE November 20, 1896 (Month) (Day) (Year) 7 AGE IfLESS than Index, profession or particular kind of work Clerk Clerk Compared to the particular kind of work Contributory Dementia Praceox Catatonic Type Contributory		tion, give its NAME it -	
Male White Widowed OR DIVORCED (With the word) B DATE OF BIRTH November 20, 11896 (Year) 7 AGE Month	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
November 20, , 1898 (Month) (Day) (Year) 7 AGE If LESS than Iday, hrs. Iday	Male White WIDOWED. Widowed	March 16, , 1930	
day hrs. day hrs. The CAUSE OF DEATH * was as follows: Tuber culos is, Pulmonary Chronic, Advanced Active, Type C.	November 20, , 1 189	17 I HEREBY CERTIFY, That I attended the deceased from November 23, 1928 to March 16, 1930	
a) Trade, profession or barticular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER JOSEPH Nick 10 OF FATHER (State or country) 11 EIRTHPLACE (State or country) 12 MAIDEN NAME OF FOR MISS Anna Engel, 13 BIRTHPLACE OF MOTHER MISS Anna Engel, 14 THE ASOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Records, U.S. Ve to rang! Hosp. (Address) Parry Point, Mary lame. 15 Filed 3/17 CANCLAGALA AND AND AND AND AND AND AND AND AND AN	31 yrs. 3 mos. 26 ds. or m	hrs. The CAUSE OF DEATH * was as follows: in.? Tuberculosis, Pulmonary Chronic, Advanced	
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER JOSEPH Nick 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF FATHER OF MOTHER MISS Anna Engel, 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 Filed 3/17 15 Filed 3/17 16 Contributory Dement in Praecox, Catatonic Type Secondary Contributory Dement in Praecox, Catatonic Type Secondary Demonts of Country Dement in Praecox, Catatonic Type Secondary Demonts of Country Dement in Praecox, Catatonic Type Secondary Demonts of Country Dement in Praecox, Catatonic Type Secondary Demonts of Country Dement in Praecox, Catatonic Type Secondary Demonts of Country Dement in Praecox, Catatonic Type Secondary Demonts of Country Dement in Praecox, Catatonic Type Secondary Demonts of Country Dement in Praecox, Catatonic Type Secondary Demonts of Country Dement in Praecox, Catatonic Type Secondary Demonts of Country Dement in Praecox, Catatonic Type Secondary Demonts of Country Dement in Praecox, Catatonic Type Secondary Demonts of Country Dement in Praecox, Catatonic Type Secondary Demonts of Country Dement in Praecox, Catatonic Type Secondary Demonts of Country Demo	(a) Trade, profession or particular kind of work Clerk	Active, Type C.	
Secondary Secondary Secondary Secondary Secondary Secondary Approximately 6 years atom Signed) F. LESTIE, Medical Officer in Charge March 17, 1930 (Address) S.V. H. Perry Point, Medical Officer in Charge March 17, 1930 (Address) S.V. H. Perry Point, Medical Officer in Charge State or country) Secondary Secondary Sport oximately 6 years atom (Signed) F. LESTIE, Medical Officer in Charge March 17, 1930 (Address) S.V. H. Perry Point, Medical Officer in Charge State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. 3 mos. 23 ds. Where was disease contracted, if in the application of death of the property of the place of death. Where was disease contracted, if in the application of the place of death. State or Country Officer in Charge State or Country Officer in Charge State or Country Officer in Charge State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. 3 mos. 23 ds. Where was disease contracted, if in the state of death? Where was disease contracted, if in the state of death? Where was disease contracted, if in the state of death? State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidents of Injury and (2) Whether Acidents of Injury and (2) Whether Accidents of Injury and (2) Whet	business, or establishment in		
Signed F. B. INSITE, Medics 1 Officer in Charge Signed F. B. INSITE, Medics 1 Officer in Charge March 17, 1920 (Address V.S. V.H. Perry Point, March 19, 1920 (Address V.S. V.H. Perry Point, March 17, 1920 (Addre	(L'A-A accompany)	Secondary	
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Records, U.S. Veterand' Hosp. (Address) Perry Point, Maryland. 15 Filed 16 State or Country) 17 Point Clariful Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs 3 mos 25 ds. Where was disease contracted, if not at place of death? Where was		75.60	
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Records, U.S. Veterand' Hosp. (Address) Perry Point, Maryland. 15 Filed 16 State or Country) 17 Point Clariful Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs 3 mos 25 ds. Where was disease contracted, if not at place of death? Where was	JUSEPH NICK	March 17. 1020 (Address U.S. V. H. Perry Point Md	
OF MOTHER Miss Anna Engel, 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Records, U.S. Ve te zans' Hosp. (Address) Perry Point, Marylam. 15 Filed 3/17 19 Clarland Marylam. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents or Recent Residents) At place of Recent Residents Miss Anna Engel, 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents or Recent Residents) At place of death 1 yrs 3 mos 23 ds. Where was disease contracted, if not at place of death? Unknown Former or usual residence Monaco, Pa. 19 PLACE OF BURIAL OR REMOVAL Batchelor Bros., Monaca, Pa. March 19, 1930 20 UNDERTAKER Penning ton & Song Hayre de Grace, Maryland.	OF FATHER Z (State or country) Germany	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental Suicidal or Homicidal.	
At place of death yrs. 3 mos. 23 ds. At place of death yrs. 3 mos. 23 ds. Where ws disease contracted, if not at place of death? (Informant) Records, U.S. Veterant' Hosp. (Address) Perry Point, Maryland. (Address) Perry Point, Maryland. Part of Burial or Removal Batchelor Bros., Monaca, Pa. March 19, 1930. 20 UNDERTAKER Penning ton & Song Hayre de Grace, Maryland.	of Mother Miss Anna Engel.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-	
Where was disease contracted, if not at place of dea.h? (Informant) Records, U.S. Ve to rang! Hosp. (Address) Perry Point, Marylam. (Address) Perry Point, Marylam. Parch 19, 1930 20 UNDERTAKER Penning ton & Song Hayre de Grace, Maryland.	OF MOTHER GATTERNY	At place 1 yrs. 3 mos. 23 ds. In the State 1 yrs. 3 mos. 23 ds.	
(Address) Perry Point, Maryland. (Address) Perry Point, Maryland. Batchelor Bros., Monaca, Pa. March 19, 1930 20 UNDERTAKER Pennington & Song Hayre de Grace, Maryland.		if not at place of death?	
(Address) Perry Point, Maryland. Batchelor Bros., Monaca, Pa. March 19, 1930 15 Filed 3/17 1960 Charles Daniels Pennington & Song Hayre de Grace, Maryland.	(Informant) Records, U.S. Ve te rang' Hos		
Filed 3/17 1960 Charles W. Morrison Pennington & Sone Havre de Grace Maryland.	(Address) Perry Point, Marylam.	Batchelor Bros., Monaca, Pa March 19. 1930	
Registrar Land C. Sont Havre de Grace Maryland	Filed 9// 1900 Charles W. Morres	20 UNDERTAKER ADDRESS	
	Registrar	Harriag de Grace, Maryland.	

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimenal laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Civil engineer, or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria. (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under tions, such as "Asthenia," "Anaemia" (merely symptom 10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train-American Medical Association.) taken. FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, cough; Committee on Nomenclature Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

04169 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County. Registration Dist. No. (If death occurred in Ward) o hospital or institu-tion, give its NAME li-stead of street and number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 3 SEX COLOR OR RACE 16 DATE OF DEATH MARRIED. OR DIVORCED (Write the word) (Month) (Day) (Year) That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) IIfLESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN BIRTHPLACE Secondary (State or country) be DO 10 NAME OF 311 Shot (Address) 11 BIRTHPLACE OF FATHER *State the Discase Causing Death, RENT S Z Violent Causes, state (1) Means of Injuly and (2) Whether CAU (State or country) TIO Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER d state ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death ... (State or Country) Where was disease contracted, if not at place of des.h?. of shoui CIANS sho Former or usus residence. Registrar, 16 W. Saratogs St., Balto., Requesting V. S. No. 1C

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise speciments who receive a should be used only when needed. As examples: (a) nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY cough; Chronic etc. The contributory affection need valvular heart not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURRA

m 2

1PLACE OF DEATH County County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 9/	
Village or City Cless peak City (No	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)		215t, 19\$30 (Day) (Year)
May 2/54, 1930 (Year)	17 I HEREBY CERTIFY, That I atte	nded the deceased from
yrs. 3 mos. ds. lf LESS than I day hrs. or min.?	and that death occurred on the date stated. The CAUSE-OF DEATH * was as follows:	above, at 10.30 km.
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Cecil, Maryland 10 NAME OF FATHER (State or country) Chesquade City, Md. 12 MAIDEN NAME OF MOTHER (State or country) Chesquade City, Md. 13 BIRTHPLACE OF MOTHER (State or country) Chesquade City 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Contributory Secondary (Signed) (S	
(Address) (A. C.C.) Filed 5/28 1930 B Harris awar	20 UNDERTAKER	ADDRESS
Registrar If more b.anks are needed, addre.s State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S	, No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Physician. Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, ployed. as At school, or At hame. Care should be taken definite salary, may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. Housemaid. etc. to report specifically the occupations of persons enhousehold only (not paid Hausckeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, (b) Catton mill; (a) Solesman. (b) For persons (b) If the occupation has been changed Automobile factory. The material Laborer-Coal mine, etc. Womwho have no occupation Grocery;

Statement of Cause of Death—Name, first, the DIS-EALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal force (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. approved by Committee on Nomenelature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease Whooping (Recommendations on statement of cause of perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; Chronic valvular heart discase; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.

14		07914		
	PLACE OF DEATH	~	STATE OF M	ARYLAND
1/	County Ce cil	(44)	ERTIFICATE	
X	EUNT BY			ist. No. 92
V	FULL NAME Mary J. O Con.	nor	St:Ward)	(If death occurred I a hospital or institution, give its NAME Instead of street annumber.)
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL	CERTIFICATE O	F DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED.	16 DATE OF DEATH	July	3/ 1930
4	enall White OR DIVORCED (Write the word)	***************************************	(Month)	(Day) (Year)
6	DATE OF BIRTH	17 I HEREBY CE		nded the deceased from
	(Month) (Day), 1864 (Year)	that I last saw h	live on	1/3/, 1923
7	AGE If LESS than I day	and that death occurred The CAUSE OF DEATH		bove, at
B	occupation (a) Trade, profession or A Thomas particular kind of work	Drown 1	nform	allow
00	(b) General nature of industry business, or establishment in which employed or (employer)	Cauces	(Defatign)	Louised
9	(State or country) Pennsylvania	Contributory	(Durstion)	vis mos d
	10 NAME OF John Donahue	(Signed)		М. С
O F IV	(State or country) Perior Loans		(Address) (Ausing Death Means of Inju-	or it deaths from
DAG		18 LENGTH OF RESID	ents)	Is, Institutions, Trans
	OF MOTHER (State or Country) Perusy loaure	At place of death	d.	d
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence	•	**************************************
	(Informant) North East Mil	19 PLACE OF BURIAL O	R REMOVAL	DATE OF BURIAL
11		20 UNDERTAKER		ADDRESS Elitary his
=	If more bishks are needed, address State Registrar	, 16 W. Saratoga St., Balt	o., Requesting V. S.	No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemand, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ward) (If death occurred in a hospital er institution, give its NAME Ir-stend of street and 2FULL NAME number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANEN SINGLE, 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. may bo WIDOWED. OR DIVORCED Write the word) I HEREBY CERTIFY, That I attended the deceased from (onth) (Day) (Year) and that death occured on the date stated above 7 AGE IIf LESS than I day hrs. The CAUSE OF DEATH TH UNFADING INK---THI (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 0 11 BIRTHPLACE OF FATHER ENT the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury Accidental, Suicidal or Homicidal. sad (2) whether (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER d state ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death yrs......ds. (State or country Where was disease contracted, should if not at place of death? statement of Former or usual residence. (Informant) Every it DATE OF BURI 15 If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING

FOI

ED

RESERV

MARGIN

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the should be used only when necded. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health state occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer. Stationary fireman, etc. Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. Housemaid, etc. If the occupation has been changed etc., Forcman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile feetory. The material without more precise specification as For persons who have no occupation Locomolive engineer, But in many Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Iobar pneumonia, Bronchopneumonia ("Pneumonia,")

> " Uraemia, "(Exhaustion," "Heart Haume," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease "PUERPERAL seplicaemia," "PUERPERAL perilonitis, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., ol State cause for which surgical operation was underdiseases use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage " "Weakness," etc., when a definite disease cough; Chronic etc. affection valvular heart The contributory need disease; Measles, not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the cartificate is permanently filed.

V. S. No. 1

	PLACE OF DEATH	0344 STATE OF MARYLAND
	County County	CERTIFICATE OF DEATH
	Village or City Rencifico Furnace	Registration Dist. No.
	Village or City (No. (No.	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME is -
	2FULL NAME Aleva / Hurr	M (wew , stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the warm)	16 DATE OF DEATH January 27 1930 (Month) (Day) (Year)
	6 DATE OF BIRTH 6 1853	17 I HEREBY CERTIFY, That I stended the deceased from January 27, 1980. to January 27, 1980.
	(Month) (Day) (Year)	that I last saw h Kethalive on Junear 127, 1930,
		and that death occurred on the date stated above, W. 350cm.
	7 6 yrs, 3 mos. 14 ds. or min.?	The CAUSE OF DEATH * was as follows:
1	B OCCUPATION (a) Trade, profession or	
-	particular kind of work (b) General nature of industry	Otheromata
1	business, or establishment in business, or establishment in which employed or (employer)	(Duration) yrs, mos, de.
	9 BIRTHPLACE (Stato or country)	Contributory hoplety
	VVU.	(Durgtion) yrs
	10 NAME OF STATHER NO SURVEY OLVENS	(Signed) Ti Magnut. M. D.
	II BIRTHPLACE OF FATHER	Jan 2 19 8 (Address) Jerryulle Mil
	(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Medius of Indury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Chine E. Baker	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
i	13 BIRTHPLACE OF MOTHER	At place In the
	(State or Country)	of deathyrsds. Stateyrsds. Where was disesse contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	(Informant) Day fas Mc Cultory M	usual residence
	(Address) Rucefijo Furnace, Mill	Triscilio com. Jan. 30, 1, 30
	Filed 192 Thousand	20 MINDERTAKER TO THE MADDRESS
	Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1
- 11		11 01/121

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on ç yrs). For persons who have no occupation At Home, and children, not gainfully em-Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Fneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condifor malignant neoplasms); Measles; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURRAU

N. B.—Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH In plain terms so that it may be proparly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD , WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE V. S. No. 1

PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 96
Village of City of Melfosyno.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOW ED, OR DIRECTORUL	16 DATE OF DEATH 700-3-, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw he V alive on Nov- 3 1980
7 AGE 5 4 yrs. 1 D mos. 2 ds. or min.?	and that death occurred on the date stated above, at Z 20, m. The CAUSE OF DEATH * was as follows:
a) Trade, profession or out work particular kind of work out work b) General nature of industry	Welle Weralie Gullriles
business, or establishment in which employed or (employed) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER STAND SELECTION OF FATHER OF FATHER STAND SELECTION OF FATHER SELECTION OF SELEC	(Signed) BJEWSOW M. D. 11/24 1930 (Address) Port Depart Med
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER AMMODIFIED AMMODIFIED 12 MAIDEN NAME OF MOTHER OF	*State the Disease Causing Death, of in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs ds. In the State yrs mos ds. Where was disease contracted,
(Informant) AMUS (Informant) (Address) UMA (Address) (Ad	Former or usual residence
15 Filed 11- H 1921 L. Kaudews Registrar	20 UNDERTAKER ADDRESS ADDRESS SUMMING
If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupationtired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal nuine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Precise statement of oc-(6)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> approved by Committee on Nomenclature of the stated unless important. Example: Measles (disease Recommendations on statement of cause of death tetanics) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all questions conswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material tired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it fulness of various pursuits can be known. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupationbusiness, that fact may be indicated thus; Farmer (re-Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an tion applies to each and every person, irrespective of worked on may form part of the second statement. or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation -Precise statement of oc-

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association. (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." approved by as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "(Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, Whooping Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature of the Chronic etc. The contributory valvular Always qualify all heart Measles ; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 4

4 19

1PLACE OF DEATH	04171 STATE OF MARY
County Cacif	(14-a) CERTIFICATE OF
	Registration Dist. No
Village or City Far Cherofeaks. City	St.: Ward) a hos
2 FULL NAME Mary & Parris	tion, ; stead numb
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
SEX 4 COLOFFOR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the
2 / , 1848	that I last saw h W alive on april
(Month) (Day) (Year) 7 AGE f LESS than	
I dayhrs.	and that death occurred on the date stated above, at the CAUSE OF DEATH * was as follows:
B OCCUPATION ds. or min.?	Certorax nemore
(a) Trade, profession or particular kind of work	1
(b) General nature of industry	······································
business, or establishment in which employed or (employer)	(Duration) yta
9 BIRTHPLACE (Ntate or country) (Ochouse)	Contributory Oslerio Scler
10 NAME OF PATHER OSSIE MITTALES	(Signed) (A. Morrison) Signed)
10 11 BIRTHPLACE	May 1930 (Address) Claro
OF FATHER (State(or country) Clauses	Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.
of MOTHER aroline Mckee	18 LENGTH OF RESIDENCE (For Hospitals, Incients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos ds. State yrs
(State or Country) (State or Country)	Where was disease contracted, if not at place of doa.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant)	usual residence
(Address)	Aprenshors Cemeters ma
Filed May 2 19230 B. Haward Brawn	Tohu & Coffage Cicill
If more banks are needed, addre. a Ltate Kegistyar	, 16 W. Saratoga St, Salto, Requesting V. S. ivo. 1.

04171 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 9/

St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME it- stead of street and number.)
MEDICAL CERTIFICATE C	F DEATH
	30 , 1930
17 I HEREBY CERTIFY, That I atte afril 24 1950 to afric that I last saw h W alive on afric	il 30, 19230,
and that death occurred on the date stated. The CAUSE OF DEATH * was as follows: Cerebral here.	4
Contributory Collerio Secondary	ds.
Heart 1930 (Address) Ellistate the Listase Causing Death, Violent Causes, state (1) Means of Inj	
Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitients or Recent Residents) At place In the	als, Institutions, Trans-
of death yrs mos ds. State Where was disease contracted, if not at place of death?	de.
19 PLACE OF BURIAL OR BEMOVAL Straushus emeters To UJDERTAKER	May 4, 1980.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., William Laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from geged in domestic service for wages, as Servant, Cook, housenwid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tired 6: yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re-For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. -Coal mine, etc. Wom-But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. use of "Tumor" for malignant neoplasms); Measles; Whooping and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably swicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was under-(secondary Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic and consequences (e. g., sepsis, Example: Measles (disease affection need not etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If d-ath occurred in

deaths from

VIS...... mos....

a hospital or institu-tion, give its NAME is of street and

stend number.)

EXACTLY, y classified

(Approved by U. S. Census and American Fublic Health Association.)

tion applies to each and every person, irrespective cl fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, er," etc., without more precise special and as way laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material single word or term on (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia");

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease approved by as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Nomenclature Chronic valvular heart disease, etc. The Always qualify all contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

County	Cecil	00 area 6 tabumbh page		CERTIFICATE OF
			(44)	Registration Dist. N
		s' Hompital, Perry TON, Dixon C:		St.: Ward) (If d a horiton, steed num
PERSON	NAL AND STATIST	ICAL PARTICULARS	MEDIC	CAL CERTIFICATE OF DE
3 SEX male	4 COLOR OR RACE	SINGLE, MARRIED, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	
6 DATE OF BIR		st 4 , 1844.	June 23	Y CERTIFY, That I attended
7 AGE	85 yrs. 11	lf LESS that I day hr mos. 23 ds. or min	n and that death occurs. The CAUSE OF DEA	rred on the date stated above,
(a) Trade, proparticular kind (b) General national business, or es	d of work ature of industry stablishment in	Farmer	2. Senility.	creas and pylorus. Ouration: 1 & 2 - Un (Duration)
9 BIRTHPLACE (State or cou	T town	rise, W. Va.	Contributory Secondary	
10 NAME O FATHER	Georg	Patton	(Signed) F.E. IESI	(Durstion) yrs
OF FATH Z (State or	country)	Virginia.		Piscase Causing Death, or, itate (1) Means of Injury a or Homicidal.
M 12 MAIDEN	1100	Nown	18 LENGTH OF RE	SIDENCE (For Hospitals, In
	ER Country)	nown	At place of death 2 yrs 1	nos. 4 ds. In the State. Up
		ital Records.	Former or usual residence 71	7 Walnut St., Fairm
(Addr	ess) Per	ry Point, Md.	R.C. Jones, I Fairmont,	Funeral Director. Tu
Filed ful		are W Marian Registrar	R. Madison Mi	tchell, Havre to Gre Betto, Requesting V. S. No. 1

PLACE OF DEATH

07915 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 96

oint, Md.	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- steed of street and number.)
MEDICAL	L CERTIFICATE O	F DEATH
16 DATE OF DEATH		
***************************************	July	27 , 1930,
10000000000000000000000000000000000000	(Month)	(Day) (Year)
		nded the deceased from
		y 27 , 19 20. ,
		27 , 1920.
		above, at : 50 A. m.
1. Carcinoma of		nvolving
liver pancre	eas and nylor	
9 Santliter		
Du.	ration: 1 & 2	- Unkno wn.
	(Duration)	yrsds.
Contributory		•••••••••••••••••
	(Durstion)	yrsds.
(Signed)	عد	M. D.
July 28 192 30	, Med. Office: (Address) Perry J	r in Charge. M. D. Point, Md.
*State the Disse Violent Causes, state Accidental, Suicidal or	ase Causing Death, (1) Means of Inju Homicidal.	or, in deaths from ury and (2) Whether
18 LENGTH OF RESID		als, Institutions, Trans-
At place of death 2 yrs 1 mos.	4 ds. In the State	Unkno umos de.
Where was disease contractif not at place of dea.h?.	ted, Unkno	n
Former or 717	Walnut St. Fa	airmont, W. Va.
R.C. Jones, Fur Fairmont, W	neral Director	DATE OF BURIAL
20 UNDERTAKER R. Madison Mitch	hell Vermo	ADDRESS
John III OU	The state of	Grace, MQ.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed (a) Foreman, (b) Automobile factory. The material business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. For many occupations a single word or term on But in many Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) approved by Committee on (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the not he

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ECEIVE

PLACE OF DEATH STATE OF MARYLAND WITHIN COMPONATE LIMITS OF CERTIFICATE OF DEATH classified Registration Dist. No. Village or City Ward) (If death occurred i a hospital or institution, give Its NAME in stead of street and number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX MARRIED WIDOWES OR DIVORCED (Day) (Write the word) I HEREBY CERTIFY, That I attended the deseased from 6 DATE OF BIRTH (Day) (Year) and that death occured on the date stated above, at 7 AGE IIf LESS than I day hrs. The CAUSE OF DEATH OCCUPATION (a) Trade, profession or particular kind of work b) General nature of industry business, or establishment in (Duration) (which employed or (employer) Contributory Secondary (State or country) 10 NAME OF (Signed). FATHER 0 ... (Address) ... 11 BIRTHPLACE OF FATHER HZ OZ *St..te the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury 0 (State or country and (2) whether RE Accidental, Suicidal or Homicidal. 12 MAIDEN NAM 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER (State or country) 7 Where was disease contracted, if not at place of death? 14 THE ABOVE IS TRUE TO THE BES Every Item CIANS sho statement Former or usual residence BURIAL OR REMOVAL (Address)

If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING

0

u

SERV

Ш

MARGIN

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as may laborer, Farm laborer, Laborer—("nal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the ployed, as At school, or At home. Care should be taken Spinner, additional line is provided for the latter statement; it fulness of various pursuits can be known. enpation is very important, so that the relative health Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Plunter, tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager." "Dealworked on may form part of the second statement. Physician, report specifically the occupations of persons en-Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material Compositor, Architect, For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many The ques-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Inbar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." diseases resulting from ehildbirth or misearriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart f. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles inges, peritonaeum, etc., Carcinoma, carbolie acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of eause of death accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Whooping as fracture of skull, and consequences (e.g., sepsis Examples: Aecidental drowning; Struck by railway train American Medical Association.) "Atrophy." "Collapse," "Coma." "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic valendar heart disease " "Old Age, " "Shock," ete. The contributory Sarcoma,, etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A Ithe data is essential and must be obtained before the certificate is permanently filed.

Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE V. S. No. 1

ż

PLACE OF DEATH	09131 STATE OF MARYLAND CERTIFICATE OF DEATH
1 0 11-	Registration Dist. No. 4
Village or City Scaller (No. Pea	St.: Ward) St.: Ward) a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COUPR OR RACE SINGLE, MARRIED, MUDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH // 9 . 1853	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Way) (Year)	that I last saw har alive on Clary 20, 1925,
7 AGE If LESS than day hrs. or min.?	
(a) Trade, profession or particular kind of work	Chara Sectablil / Effectes
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) (Duration) (Duration)
9 BIRTHPLACE (State or country) Reile 6, Med,	Contributory Secondary Duration Jyrsmosds.
10 NAME OF 8. Nerguetow	(Signod) M. D. M.
State or country) Scio S, Mid, 12 MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER OF MOTHER OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
(State or Country Coun	of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death?
(Information)	Former or usual residence
(Address) & Cil him	Cacellon antery weg 30, 1980
15 Filed 8-30 19230 ACM ourse	John Haffage Preller led,
If more banks are needed, addre.s Ltate Kegistes	e, 16 W. Saratoga St., Lalto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coat name, laborer the duties of the fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kiud of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reg ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every whatever, write None. or given up on account of the DISEASE CAUSING DEATH worked on may form part of the second statement. Piysician, Foreman, engincer, For many occupations a single word or term on or At Home, and children, not gainfully emyr's). (b) Cotton mill; (a) Salesman. (b) Grocery: man, (b) Automobile factory. The material specifically the occupations of persons Compositor, Architect, Locomotive For persons who have no occupation Stationary fireman, etc. But in many person, irrespective of engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhaid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stited unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid—probably suicide. or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid or intercurrent) Chronic valvular heart disease; and consequences (e.g., sepsis, The nature of the injury, etc. The contributory affection need Nomenclature of the not be etc., of

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3

G . . .

4

1

00 ż

PLACE OF DEATH	02837 STATE OF MARYLAND
County Geal	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Gort defort (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME 66 annah Mary	Teeples number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED Widow (Write the word)	16 DATE OF DEATH 3 19.30 (Month) (Day) (Year)
6 DATE OF BIRTH Vanuary 3, 1850	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	and that death occurred on the date stated above, at 2 30 Cm
80 yrs. 2 mos. 19 ds. or min.?	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or Petured particular kind of work	arteris octevois
(b) General nature of induatry business, or establishment in which employed or (employer)	(Duration)yreds
9 BIRTHPLACE (State or country) Mary Land	Contributory Secondary Doration) yes
10 NAME OF Robert Rawlings	(Signed) / Signed / Company State of Signed / Company State of Signed State of State
OF FATHER (State or country) Manyland	*State the Disease Causing Death, of, in deaths from Violeat Causes, state (1) Meaas of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Many MONEY	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Connection	At place of deathyrsmosds. In the Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) I she M. I hashe	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 900 00 00000000000000000000000000000	Wist of stiengham and Mar 22, 1920 20 UNDERTAKER ADDRESS
File of Gland Minister Pegistrar	L.G. Tyson. Riving Sten me
If more blanks are needed address tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condi-" "Marasmus," "Old Age," "Shock," Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions suswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Cail	CERTIFICATE OF DEATH
	7/1-0) Registration Dist. No. 944
Village or City North Early (No.	
Village or City North Cast (No.	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME & ally Jer	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, 70	16 DATE OF DEATH
or Divorced amed	, 19 20
Jemail (legro (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	Leat 16 1022 . Sept 17 1930
July 12 , 188 (8.04 1/0 3
Month) (Day) (Year)	that I last saw half alive on Alfred A
7 AGE If LESS than	
44 yrs. 2 mos. 3 ds. or min.?	The CAUSE OF BEATH - was as follows.
B OCCUPATION	Classesles
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs, mos ds,
9 BIRTHPLACE	Contributory Welle Selerace
(State or country)	Durature use mosds.
I 10 NAME OF	(Sind) (Jallin & M.D.
FATHER David Johnson	1 1 10 3 Neath E 1 m
0 11 BIRTHPLACE	1923 (Address)
CState or country)	*State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
of MOTHER no unformation	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place in the State yrs mos. ds.
(State or Country).	Where were disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informan) William Tennick	Former or usual residence.
(intofinant)	19 PLACE OF BURIAL OR REMOVAL. PATE OF BURIAL
(Address) north East hid	(1.71. M. J. drueley Sept 20, 1930
15 9/19/30 H . 011 0	20 UNDERTAKER
Filed 9/ 3/92 Les W. Registras	Joseph Phank with Cast me
If more blanks are needed, addre a State Registra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed cupation is very important, so that the relative healthwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the Disease Crossing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," stated unless important. approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumomia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

If this certificate is looked over thorough and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH	13707 STATE OF MARYLAND CERTIFICATE OF DEATH
	County County	Registration Dist, No.
	Village or City Cokerhury (No.	06 J. al
וכמנם	2FULL NAME Dremature Infa	St.: Ward) a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	Mule Mago Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	18 DATE OF DEATH NOV, 20, 1930
0 10 6	6 DATE OF BIRTH NOW 20, 1930	17, I HEREBY CERTIFY, That I attended the deceased from Nov. 20 130 to Nov. 20, 1930
	(Month) (Day) (Year)	that I last saw hum alive on Nov. 20, 1930,
nair ac	7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at 10,1.0.1.m. The CAUSE OF DEATH * was as follows:
200	a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Gremature Buth
1	business, or establishment in which employed or (employer)	(Duration)yrsmosds.
0	9 BIRTHPLACE (State or country) md,	Contributory Secondary (Duration)
9 401 9	10 NAME OF JM Henry Perkins	(Signed) tyti Magraw M. D. Nov, 200 1930 (Address) Jerrylle
	OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Zellian Danks	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of deathyrsmosds. Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
	(Informant) Lillian Linkers	Former or usual residence
	(Address) Out Deposit R. F.D.	Ou Tremises Date of Burial Nov. 20, 1930
	Filed 11/21 1930 L.F. Sanders Registrar	myt. Perkins (Father) Port Deposts
	If more blanks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or yrs). Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman, At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrosphalifever (the only definite synonym is "Epidemic cerebrosphalis; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important Example: Measles (disease (name origin; "Cancer" is less definite; avoid approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature of the Chronic chopneumonia (secondary), etc. valvular heart The contributory not be disease;

It this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

		PLACE OF DEATH	10303 STATE OF MARYLAND
		County Coul	CERTIFICATE OF DEATH
		6,11-	Registration Dist. No. 92
		alphane, Un.	1201/toxpelel
	Vil	llage or City (No. No.	St: Ward) (If death occurred in a hospital or institution, give its NAME in-
cat		² FULL NAME	stead of street and number.)
ertificate		- I OLL MAIN	
00		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
o	3 5	SEX 4 COLOR OR RACE SINGLE,	16 DATE OF DEATH Soft. 26
CK	1	Malo Col WIDOWED, OR DIVORCED (Write the word)	(Notation (Day) (Year)
pg	8	DATE OF BIRTH	(M6th) (Day) (Year) (Year) (Year) (To I HEREBY CERTIFY, That I attended the deceased from
o) 1 10 0	192 A to 192
Suc		(Month) (Day) (Year)	that I last saw home after on 9/36, 1930
truction	7 /	AGE	and that death occurred on the date stated above, at 5.15 A.m.
tru		17 G / I dayhrs.	
ins	S	/ yrs. / ds. or min.?	John my malion -
90	(a) Trade, profession or	Horpicide soccurryng lin Delaware, Cut & R.
S	A CONTRACTOR	b) General nature of industry	Hemorliage, Resulting
ant	Ь	usiness, or establishment in	from a book whend do
ort	-	which employed or (employer)	Contributory M arm Bied in Union
dw	9 8	State or country)	Secondary Hospital, Elkton.
, i	-	10 NAME OF	(Duration) yrs mos ds
Ver		FATHER YORK	(Signed)
0	S	11 BIRTHPLACE	192 / (Address)
O	Z	OF FATHER (State or country)	*State The Disease Causing Death, or, in whaths from Violent Cadles, start 11 Milans of Injury and Was Whether Accidental, Surcidal or Harrisidal.
F	RE	12 MAIDEN NAME / N	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
Adl	P/	13 BIRTHPLACE	ients or Recent Residents
CCU		OF MOTHER AV	At place of deathyrsmosds. In theyrsmosds.
0		(State or Country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
t of	14	Transa (Former or
neu		(Informant) Edward Mives	19/PLACE OF BURIAL OR REMOVAL/ DATE OF BURIAL
statement		(Address) Glasgow WE.	Assage To Colony Sep 29 2
sta			20 UNDERTAKER ADDRESS
	15	Filed Ch 1 29 19230 + Frank Marie Registrar	I Whise . Sekton My
	-		r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
		If more planks are needed, address state Registrar	, av bulkered with married and a second

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Plunter, fulness of various pursuits can be known. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed. as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) or At For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed Automobile factory. The material Laborer--Coal minc, etc. (b) The ques-Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebroshinut fever (the only definite synonym is "Epidemic cerebroshinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia."); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) "PUERPERAL septicacmia," "PUERPERAL peritonihis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Fzhaustion." "Heart failure," "Haemorrhage, causing death), 29 ds.; Brunchopneumonia (secondary), stated unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weukness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, cun be ascertained as the cause. (secondar, Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS STATE MEANS OF INJURY or intercurrent) affection need not be Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

UR

V. S. No. 1

CIANS should state CAUSE OF DEATH in plain terms so that it may be properly-classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
nt of Occuding

PLACE OF DEATH	(15442 STATE OF MARYLAND
County Ceel Mran dearons	CERTIFICATE OF DEATH
	Registration Dist. No. 92
Village or City Elellon (No. Ilmon	11 1 1
Village or City (No. Muon of Peter 2 FULL NAME Bertha Peter	St.: Ward) (if death occurred in a hospital or institution, give lts NAME Isstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Frenche A COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH May 29 , 1920
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decensed from
May 22 , 1900	may 26 192, to may 29, 1920,
(Month) (Day) (Year)	that I last saw h alive on 1920,
7 AGE If LESS than	
3n \ I day hrs.	The CAUSE OF DEATH * was as follows:
yrs. 0 mos. ds. or min.?	Ruplined gertic alcer
(a) Trade, profession or Housewife	1
(b) General nature of industry	(Duration) yrs. mos de.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) James &	Secondary (Duration)yreds.
10 NAME OF	The se x Bala -
FATHER no information	(Signed) M. D. 5730 (Address) Election and
II BIRTHPLACE	
OF FATHER (State or country) ho reformation	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER 20 reformations	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER W ruf Tarre	At place of death yrs mos 3.ds. In the State yrs mos ds.
(State or Country)	Where was disease contracted
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Florge & Peterson	usual residence
Elkton med RD	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Elkton Carretery June 2, 193 V
15 Filed Surger 1930 & hands houser	20 UNDERTAKER ADDRESS
Rogistrai	H. Wrippin Elkton but
If more banks are needed, addre.s Ltate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness; that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., Spinner, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. Housemaid, etc. If the occupation has been changed greed in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on yrs). Form laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman, (b) without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feier (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

> atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcosles; inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid approved tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train— Never report mere symptoms or terminal condicough; Committee on Nomenclature Chronic etc. The contributory valvulor heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF, DEATH	13708 STATE OF MARYLAND
County Coul	CERTIFICATE OF DEATH
/ The company of the	Positivation Dist N. 9.2
Village or City Eleton (No. Md. Use 2FULL NAME Phillips, Mattie	Registration Dist, No. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2FOLL NAME 7 - COURT / /// ACCT	number,)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femal White Single, Surgle Wildowed, OR DIVORCED (Write the word)	Wovember (Month) 12 (Day) 1930 (Month)
Seles 17, 1856	17 HEREBY CERTIFY, That I attended the decensed from 2 1930 to 2 12 136
(Month) (Day) (Year)	that I last saw halive on 1930,
7 AGE If LESS than	and that death occurred on the date stated above, at 5:10 P.m.
7 yrs. 2 mos. 2 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or School Jeacher	Loter Meurone
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration)yrs,mosds,
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) yrs mos ds.
10 NAME OF FATHER Collis Phillips	(Signed) Herbert Bale - M. D. 11/12 1930 (Address) El Klori Md
OF FATHER Z (State or country) Maryland	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER COLLEGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrsmos. / O.ds. In the Stateyrsmosds.
(State or Country) Mayland	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Informant) Ellis Runnington	Former or usual residence 2.64 C. Main St. Meursthall
(Address) 2029 Pold Opring Law Balle	Contown med Mary, 1930
15 Filed Not 13 192 De Shaul Baux	OR J. Jan Munay Jul
If more banks are needed, addre.s : gate Negistrar	, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architeet, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on 07 yrs). Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. (b) At Home, and children, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed not gainfully em-Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> "E haustion," "Heart failure," "Haemorrhage, "
> 'Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid atic), "Atrophy." "Collapse," "Com2," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E:haustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); American Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condicough; Chronic etc. valvular heart The contributory Measles ; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

7

E .

PLACE OF DEATH	10305 STATE OF MARYLAND
Count 200	CERTIFICATE OF DEATH
1. 10 11 -	Registration Dist. No. 90
Village or City Rav Sell No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Gilleauf our	2 rd Light number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Asuralo Philo Single, Widowed. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 CERTIFY, That I attended the deceased from
9 1x , 1930	192 to 192 , 192 , 192 ,
(Month) (Day) (Year)	that I last saw h alive on 192
7 AGE [If LESS than	/:
yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION grs. mos. ds. or min.?	(I)
(a) Trade, profession or	J. Markett J. W. C.
particular kind of work	
business, or establishment in	(Duration) yrs. mos ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
gal G. Ma.	Duration)mosds
TO NAME OF FATHER (40 A ()	(Signed) MM D. M. D.
11 BIRTHPLACE	192/ (Address)
OF FATHER (State or country) and Co. Jud	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Crusa Graid	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE CASSELL (1)	At place In the
OF MOTHER (State or country)	of desthyrsmosds. Stateyrsmosds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of des.h?
Le ca mr. Proce-	Former or usual residence
(Informant) Storm William (Address) Position Md	Backer Sunting OR REMOVAL DATE OF BURIAL
Filed Sept. 15 1930 Chowaw Registrar	TO UNDERTAKEN STORESS BOOKESS ROLLING
If more banks are needed, address thate Registral	. 16 W. Saratoga St. Bato., Requesting V. S. No. 1.
If the Digita me income, money equip segretaria	

(Approved by U. S. Census and American Public Health Association.)

er," etc., state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Screant, Cook work, or At Home, and children, definite salary), may be entered as Housewife, House-Civil engineer, Stationary fireman, etc. But in many Physicion, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia -Coal mine, etc. not gainfully em-6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal force (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Exhaustion," tions, such as "Asthenia," "Anaemia" (merely symptom. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train. (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; ngenital," "Senile," etc.), "Dropsy,"
"Heart failure," "Haemorrhage," Chronic etc. The contributory valvular heart disease; of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

ployed. as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Housetired 6 yrs: state occupation at beginning of illness. If retired from er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many whatever, write Nonc. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook, to report specifically the occupations of household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the loborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Former or Planter, Foreman, For many occupations a single word or term on or At Home, and children, Form loborer, (b) Cotton mill; (a) Solesman. (b) without more precise specification as Day For persons who have no occupation (b) Automobile Loborerfactory. The material -Coal mine, etc. Womnot gainfully empersons en-Grocery,

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetunus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart disease; etc. The contributory death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	10304 STATE OF MARYLAND
County @ MA	CERTIFICATE OF DEATH
1 DA	Registration Dist. No.
Village or City Deillow (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Sylia F	tion, give its NAME in- stead of street and yumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (192, 1) (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
9 14 1937	99/1 1922 to 86/1 192 1. 192 2
(Month) (Day) (Year)	that I fast saw h Lalive on SS 1 1 192 7.
7 AGE [If LESS than	and that death ecourred on the date stated above, atm_
I dayhrs.	The CAUSE OF DEATH * was as follows:
yra. moa. ds. or min.?	7 7
(a) Trade, profession or	I Thur afine Buth
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) yrs. mos. ds.
which employed or (employer)	
9 BIRTHPLACE (State or country) Seeb C. Md	Contributory Secondary Jurgion yis mes ds.
10 NAME OF FATHER GES. W. Pool	(Signed) Justinian J. M. D.
O 11 BIRTHPLACE	192 (Address)
OF FATHER (State or country) Peut (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Guna Gaig	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE CALLED (1) 1/1	ients or Recent Residents) At place In the
(State or country)	of deathyrsnosds. Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
Gram Papie	Former or usual residence
(Informant) JUD Milgo J	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Coldlow And	Ecclion Country 9/16/1930
Filed OUT / S 1938 Of OUT Registros	John Haffage Coullon Ind.
If more blanks are needed, address Stote Registra	, 16 W. Saretoga St. Valto. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servont, Cook en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Howemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, cupation is very important, so that the relative health-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Loborer--Coal mine, etc.

Statement of Cause of Death—Name, first, the DIS-EASE (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal forer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid forer (never report "Typhoid Pneumonia"); Lobor pneumonia, Branchapmeumonia ("Pneumonia,"

> approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid -- probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (Recommendations on statement of cause of State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Never report merc symptoms or terminal condicough; Chronic volvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

σå

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

(If death occurred in a hospital or institu-tion, give its NAME is-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) HEREBY CERTIFY, That I attended the deceased from and that death ecourred on the date stated above, at ... The CAUSE OF DEATH * was as follows: (Duration) Contributory Secondary deaths from (2) Whether *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the At place of death .. Where was disesse contracted, if not at place of death? Former or ususl residence

If more blanks are needed, addre.s Ltato Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at heginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. ployed, as At school, or At home. Care should be taken er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Serront, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of Forenum, (b) Automobile foctory. The or At Home, and children, For many occupations a single word or term on yrs . Farm laborer, (b) Cotton mill; (a) Solesman, (b) without more precise specification as Day For persons who have no occupation Loborer--Coal mine, etc. not gainfully emmaterial Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal furer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-honicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Exhaustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sorcomu, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuborculosis of lungs, men-Examples: Accidental drowning; Struck by railwoy train-Chronic interstitial nephritis, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; 19 "Heart failure," "Haemorrhage," Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every it

S. No.

Exact

	PLACE OF DEATH	ST.						
	County County	0345 CER						
/	CML.	. 01						
	lage or City (No.)	sa Userlas St.						
	PROMETE CHICK OF -	Down						
	² FULL NAME.							
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CE						
3 5	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH						
6 [DATE OF BIRTH	17 I HEREBY CERTI						
	The 2/ 1920	Jan 2/ 193						
	(Month) (Day) (Year)	that I last saw halive						
7 A	GE [If LESS than	and that daath occurred on t						
	yrsds. ormin.?	The CAUSE OF DEATH * was						
8 0	OCCUPATION	Prem						
()	a) Trade, profession or articular kind of work							
(1	b) General nature of industry							
	business, or establishment in which employed or (employer)							
9 E	SIRTHPLACE (State or country)	Contributory						
	TOPO =							
	10 NAME OF FATHER SALL POPUL	(Signed)						
S	11 BIRTHPLACE							
LZ	OF FATHER (State or country)	*State the Disease (Violent Causes, state (1)						
RE	12 MAIDEN NAME	Accidental, Suicidal or Homic						
PA	OF MOTHER THE WEY	18 LENGTH OF RESIDENC ients or Recent Residents)						
	OF MOTHER GILL From	At place of deathyrsmos						
	(State or country)	Where was disesse contracted,						
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?						
	(Informant) Congo // work	usual residence						
	(Address) Elat	19 PLACE OF BURIAL OR RE						
15	Filed 796 6 1930) June France	20 UNDERTAKER						

0345 S OBAS CE STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. Ward)

(St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of a street and number.)					
	MEDICAL CERTIFICATE OF DEATH					
	16 DATE OF DEATH 21 . 192.0					
	(Month) (Day) (Year)					
319	that I last saw h In alive on See 24, 1935					
than hrs.	and that death occurred on the data stated above, at					
min.?	of remarkance.					
	Proth					
	(Duration) yrs. 5 mos ds.					
	Secondary Durants yrs					
	(Signed)					
77	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.					

In the State... place ere was disesse contracted,

LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS



(Approved by U. S. Census and American Public Health Association.)

er," etc., ployed as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook to report specifically the occupations of persons endefinite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a aborer, Farm laborer. Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). (b) Cotton mill; (a) Salesmon, without more precise specification as Day For persons who have no occupation (b) The ques-Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal famer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping cough; Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH County Ceoil		14871	STATE OF I		
Village or City U.S. Veteran	Point, Md.	St.: Ward	(16.1)		
PERSONAL AND STATIST	MEDICAL CERTIFICATE OF DEATH				
3 SEX 4 COLOR OR RACE white	SSINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)				
6 DATE OF BIRTH (Month	(Pay) (Year)	17 I HEREBY	CERTIFY, That I att	ended the deceased from ember 28, 19250.	
7 AGE53 yrs	and that death occurred on the date stated above, at 11:05 Am. The CAUSE OF DEATH * was as follows: General Paralysis of the Insane				
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Hop	Laborer wood, Pa	Contributory		yrsds,	
10 NAME OF FATHER UNK	20 W	(Signed W. A. E. LLIS	N, Acting Med	off in Ch ^M . D.	
OF FATHER (State or country)	nown	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
M 12 MAIDEN NAME	nown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans			
13 BIRTHPLACE OF MOTHER (State or Country) Un	known	At place of death			
(Informant) Hospital Records		Former or Newell Page			
(Address) Perry	James E. Hine California, I	s, Undertaker	DATE OF BURIAL Dec. 31 , 19 30		
15 Filed 12/34/30 192 Cha	In & Registrar	R. Madison M	tcheli Havi	e/de Grace. Ma.	
If more banks are	needed, address State Registra	, 16 W. Saratoga St., B	alto., Requesting V	S. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

en at home, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, whatever, write None. Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) without more precise specification as Day Compositor, Architect, who are engaged in the duties of the (b) Automobile factory. The material Locomotive engineer, The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Crupp"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> Capproved by Committee on Nomenclature of the American Medical Association.) unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid (Récommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be Chronic interstitial nephritis, as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. diseases Whooping Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

1931

PLACE OF DEATH

Z

STATE OF MARYLAND

.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons cinployed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary); may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Forenan," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in As examples: (a) Spinner, (b) Cotton Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar meumonia. Bronchopneumonia ("Pneumonia," inqualified, is indefinite); Tuberculosis of lungs, meni-

ECEIVED

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: "Publipmenal peritonitis," etc. State eause for which surgical operation was undertaken. For violent neates mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Browrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puenperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of The nature of the injury, as fracture of skull The contributory (secondary or intercur-Never report mere

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No. 1

02

N. B.

PLACE OF DEATH -	01547 STATE OF MARYLAND CERTIFICATE OF DEATH				
PAIND BRAGO	Registration Dist. No. 96				
Village or City Milly and (No.	St.: Ward) (If d-ath occurred in a hospital or institution, give its NAME is stead of street and number.)				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
15 cm Cl 5					
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR STORMAN OR OR STORMAN OR	(Month) (Day) (Year)				
6 DATE OF BIRTH SEE 15 863	The 20 1920 to 20 1920,				
(Month) (Day) (Year)	that I last saw hundlive on 20 20 1935,				
7 AGE / If LESS than	and that death occurred on the date stated above, at 3, m,				
6 6 yrs 2 mos 5 ds or min?	The CAUSE OF DEATH * was as follows:				
b. OCCUPATION ds. or min.?	of Pages				
(a) I rade, profession or fauture	The state of the s				
(b) General nature of industry					
business, or establishment in tausl etc.	(Durstion)da.				
9 BIRTHPLACE (State or country)	Contributory				
VVW.	(Duration) yrsds.				
10 NAME OF Aguilla ()	(Signed) M. D.				
IN 11 BIRTHPLACE	192 (Address) Librery MV less				
OF FATHER (State or county) 12 MAIDEN NAME	*State the lisease Causing Death, &r, In deaths from Field Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.				
of MOTHER all Viginor	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)				
13 BIRTHPLACE OF MOTHER	At place In the State yrs mos ds.				
(State of Lountry)	Where was disease contracted,				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	It not at place of deah?				
(Informant) Usia Price	usual residence				
(Address to MelPoit, M. Sil.	Hofregell ClW. Teb 2 4,1,30				
15 Filed 2/22 1930 & F Sanders Registrat	29 UNDERTAKER PALLERAN GERSSVILLE				
If more b.anks are needed, addre.s tate Registrar, IS W. Saratoga St., Balto., Lequesting V. S. No. 1.					

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material er," etc., without more precise specification as any laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective ci whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement report specifically the occupations of persons en-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disese. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,")

"Te haustion." "Heart failure," "Ilaemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Whooping cough; Chronic valuular heart disease; Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. "(E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.

	PLACE OF DEATH County Cicil	STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City Elkton (No. mion	Registration Dist. No. Ward) (if death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	nale white or DIVORCED (Write the word)	16 DATE OF DEATH
	6 DATE OF BIRTH Jan 19, 1893	17 I HEREBY CERTIFY, That I attended the deceased from 192 D to 192 D, that I last saw h an alive on 192,366
	7 AGE (Month) (Day) (Year) 7 AGE 37 yrs. mos. 12 ds. or min.?	and that death occurred on the date stated above, at
Sec. 5 8 650	a OCCUPATION (a) Trade, profession or Laborra day particular kind of work	By freema due to
	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yıs. mos ds.
	(State or country) Maryland 10 NAME OF FATHER Thomas M (Srice)	(Signed) M. D.
	11 BIRTHPLACE OF FATHER (State or country) (State or country) (State or country)	*State the l'israse Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Clinial M. Mc Cory 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents)
	OF MOTHER (State or Country) (State or Country)	At place of death
	(Informant) Thomas In Rice	Former or usual residence
	(Address) Chesapeak. Chy Mt Ro 1	Bethel Cemetery 7ely 3, 1,30
	Filed 1863 1920 James Frages	H. W. Pippin Elkton mik
i	If more hanks are needed, addre s Ltate Kegistre	r. 16 W. Seratoga St., Balto., Requesting V. S. Ao. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re-rivined 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, whatever, write None. state occupation at beginning of illness. If retired from Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed g. ged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe Arst line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative healthen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, laborer, worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer without more precise specification as Day For persons who have no occupation Stationary fireman, etc. -Coal mine, etc. person, irrespective of But in many Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS.

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptaced term for the same disease. Examples: Cerebrospinal Inference (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid feeer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Exhaustion," "Heart failure," Liaemorriage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "eontributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or misearriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, earbolic acid-probably suicide. The n-ture of the injury, aeeident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Whooping eough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronie valvular heart disease; and consequences (e.g., sepsis, affection need not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE thould be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD , WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

PLACE OF DEATH	15443 STATE OF MARYLAND
County Cecel	CERTIFICATE OF DEATH
Elkton RD 2	90 Registration Dist. No. 97
Village or City (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Felew C Oro	Clor number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ferrale White Single. Single. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May // , 1930 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) , 1909 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930. to May 1920. that I last saw h and alive on May 10 , 1920.
7 / // 4	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or A Horse particular kind of work	gent course accessor
(b) General nature of industry business, or establishment in	(Durstion) yts mos day
which employed or (employer)	Contributory Clasone Myscally
(State or country) hay land	(Duration) 2 yrsds.
10 NAME OF Jugh S Proctor	(Signed) Tkiber Bales M. D.
0) 11 BIRTHPLACE OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal.
12 MAIDEN NAME Warrie Corrley	Accidental, Sulcidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsmosds. Stateyrsmosds. Where was disease contracted, if not at place of death?
H. IS Chareto	Former or usual residence
(Address) Election ml Rot 2	19 PLACE OF BURIAL OR REMOVAL MAY 14, 193
Filed Many 4 1920 Janes Brunk Bugan	20 UNDERTAKER Piper Elector Mil
lf more banks are needed, addre.s State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oetired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been elanged g ged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

lctanus) may be stated under the head of "contributory." diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Enhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sárcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State eause for which surgical operation was underean be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condifor malignant neoplasms); Measles; Chronic valvular heart disease; ncphritis, etc. The eontributory Example: Measles (disease Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CEIVER

	1PLACE OF DEATH	STATE OF MARYLAND
/	County.	CERTIFICATE OF DEATH
	61/1-	Registration Dist. No.
tificate.	Village or City Oliverate No. 1000 Jo	low Prosperi (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	Male Liter Single MARRIED, WIDOWED. OR ONOR CO.	16 DATE OF DEATH Sept 22, 1030
d u	6 DATE OF BIRTH O STAND	(Month) (Day) (Year) (17 I HEREBY CERTIFY, That I attended the deceased from
38.0	Ocr. 252, 1908	Sept 22 190 . to Sept 22 , 195.
tion	(Month) (Day) (Year) 7 AGE [If LESS than	and that death occurred on the date stated above, at
nstruc	2 / yrs. / mos. 29 ds. or min.?	The CAUSE OF DEATH * was as follows:
See	B OCCUPATION (a) Trade, profession or Atudent particular kind of work	Hemouloge of Bran
ant.	(b) General nature of industry business, or establishment in	(Duration) yrs mos ds.
orte	which employed or (employer)	Contributory automobile accident
dwi	9 BIRTHPLACE (State or country) Wash A. C	Secondary Dyrs Day ds.
very	FATHER COLD PROMORES	(Signed) Howard W. Green, M.S.
09	III BIRTHPLACE OF FATHER OF FATHER	7/22.1920 (Address) 6/12/1920, 199
0	Z (State or country) Cally	Violet Cause state VI Means of longry 201 (2) Whether Assistant VI Means of longry 201 (2) Whether
AL	& OF MIELES COC	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
CCO	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place 3 Leurs In the of deathyrsds. Stateyrsds.
0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
h	Mrs Des Morris	Former or 1831 - 23 rd St Wash D. C.
atem	1831-232 In. n. w. Wash	19 PLACE OF BURIAL OR REMOVAL Sef 24, 1934
36	15 Filed Jak 12 1920 Bark Dayes.	20 UNDERTAKER ADDRESS Elfton Zus
	If more banks are needed, addre.s Ltate Negistrar,	, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (rcor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement: Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Flanter, Statement of Occupation-Precise statement of oc-Housemaid, etc. Foreman, For many occupations a single word or term on or At Home, and children, yrs). For persons who have no occupation Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day If the occupation has been changed not gainfully em-

Strtement of Cause of Death—Name, first, the DISCASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Sinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar/ or intercurrent) affection need not be st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, State cause for which surgical operation was undercan be ascertained as the cause. Whooping American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Comz," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.X cough; Chronic etc. The contributory valvular Nomenclature of the Always qualify all heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

0

Every

(Approved by U. S. Census and American Fublic Health Association.)

ployed, as At school, or At home. Care should be taken tired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Civil engineer, Stationary fireman, etc. tion applies to each and every person, irrespective cf Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons en-Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. (a) Foreman, nature of the business or industry, and therefore an For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menidatis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

permanently filed.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E :haustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uracmia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," st.ted unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbalic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Chronic interstitial nephritis, etc. The contributory Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJU.Y (name origin; "Cancer" is less definite; avoid Chronic affection need valvular heart disease; not be

MARGIN RESERVED FOR BINDING

act :	1PLACE OF DEATH	12345	STATE OF M	MARYLAND
EX	County Cecil	1	CERTIFICATE	
K, p	C WHEN CARPORATE	LIMITE OF	Registration D	Dist. No. 92
CORD EXACTL	Village or City alktore (No. 2FULL NAME Charles C Qu	eck	St.: Ward)	(If death occurred is a hospital or institution, give its NAME in stead of street and number.)
ated E	PERSONAL AND STATISTICAL PARTICULARS	MEDICA	L CERTIFICATE O	F DEATH
IANENTIA DE STANDE	Married White Single, Married Wildowed OR DIVORCED (Write the word)	16 DATE OF DEATH	Oct 1	(Day) (Year)
F Shoul at it manns on b	6 DATE OF BIRTH Sept. 27, 185-8 (Month) (Day) (Year)	that I last saw here		nded the deceased from
IKTHIS IS A supplied. ACE in terms so that See instruction	7 AGE 8 OCCUPATION (a) Trade, profession or particular kind of work 8 AKL 1 day hrs. or min.?	and that death occurred The CAUSE OF DEATH	ed on the date stated	above, at 6 9, m
ITH UNFADING IN should be carefully ISE OF DEATH In plant. It is very important.	(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 Country 13 BIRTHPLACE (State or country) 14 BIRTHPLACE (State or country) 15 Grand 16 Grand 17 Grand 18 Grand 18 Grand 19 Grand 10 Grand 10 Grand 10 Grand 11 Grand 11 Grand 12 Grand 13 Grand 14 Grand 15 Grand 16 Grand 17 Grand 18 Grand	Contributory Secondary V my or a lit (Signed) (O/20 *State the Dis	(Address) Death, te (1) Means of Inju	yremosds
IN W	(State or country) 12 MAIDEN NAME OF MOTHER Clinic Dorothy Schraau 13 BIRTHPLACE OF MOTHER (State or Country) Service of Mother Clinic Dorothy Schraau 13 Clinary 14 Clinic Dorothy Schraau	Accidental, Suicidal or 18 LENGTH OF RES. ients or Recent Resi At place of death yrs	r Homicidal. IDENCE (For Hospitalidents) In the State State	als, Institutions, Trans
VRITE I	(Informant) Nino Cleric Dueck	if not at place of death Former or usual residence	?	DATE OF BURIAL
BEven	(Address) Chou 11 Filed of 22 1980 James Bayer	Bethel Cer 20 UNDERTAKER H. W.Fry	exitery pie	ADDRESS Election my
Z	If more branks are needed, address State Registrar	, 16 W. Saratoga St., B.	alto., Requesting V. S.	No. 1.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

work, state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g., Farmer or Planter, tion applies to cach and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the not gainfully em-(3) persons en-Grocery:

spinal meningitis"); Diphtheria avoid use of "Croup" ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the nut the only definite synonym is "Epidemic cerebro pneumonia, Bronchopneumonia ("Pneumonia,

> 10 ds. Recommendations on statement of cause of telanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, Whooping (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; or intercurrent) affection need not be Chronic valvular heart disease, etc. The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	
PLACE OF DEATH	
County Olcil	
County	

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE

OF MOTHER (State or country

æ

PA

STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dist. No.
	Village or Cithesafonke Culy (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Jenule White Single. Widowed White Write the word)	16 DATE OF DEATH /2 - 28-30 +02 (Month) (Day) (Year)
	Aleb. 21 1856 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 6-15-30 192 to 12-28-30 192 that I last saw h. W. alive on 12-28-30 192 1150 2
	7 AGE If LESS than I day hrs. / O mos. 7 ds. or min.?	ond that doath occurred on the date stoted above, at 4:50 a m. The CAUSE OF DEATH * was as follows: Letterin Interstitis Rephritis
	(a) Trade, profession or Housewife.	
	(b) General nature of industry usiness, or establishment in which employed or (employer)	Contributory Others Chrosis
	9 BIRTHPLACE (State or country) Pennsylvania.	Secondary Secondary (Duration) yrs mos ds.
0	FATHER Michael Godshall	(Signed) 192 (Address) M.D.
	OF FATHER (State or country) Country Country	*State the Disease Causing Death, or, in deaths from Violent Caus. s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place In the Where was disease contracted,

if not at place of death?

If more banks are needed, address Stote Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cupation is very important, so that the relative health state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer. Stationary firemun, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Nervant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Tealcases, especially in industrial employments, it is neces-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmeror given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foremun, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laboreryrs). For persons who have no occupation without more precise specification as Day Salcsman. (b) -Coal mine, etc. Wom-Locomotive engineer, But in many Grocery;

Exacement of Cause of Death—Name, first, the ALSE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia");

American Medical Association.) diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Exhaustion," "Heart range," "Old Age," "Shock,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarconu, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." accident; Revolver wound of head -homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; (name origin; "Cancer" is less definite; avoid approved by Committee on carbolic acid-probably smedde. The nature of the injury, (secondary Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, or intercurrent) affection need Chronic valvular heart disease; etc. The contributory Nomenclature not

"If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A Ithe data is essential and must be obtained before the cartificate in permanently filed.

WRITE

N. B.

S. No. 1

	ct	
)	G	
	W.	\
1	_	1
•	÷	Ł
•	0	Ł
,	=	Į.
	8	ř.
>	00	٠
C	6	1
¢	0	9
ú	>	ž
-	T	Ħ
D	00	7
3	0	S
5	5	4
,	-	0
)	oc	×
•	-	0
2	ay	8
3	Ē	_
2	-	Z
3	ij	0
	4	8
1	0	0
ŕ	#	=
`	0	0
:	00	2
Ď	00	44
-	3	8
2	7	-
illy supplied. Act allouid ac stated EAAOIE1, This	plain terms so that it may be properly classified. Exact	t. See instructions on back of certificate.
0	-	6
		3,
	-	+
-	0	-

	04790
PLACE OF DEATH	STATE OF MARYLAND
County Ceril	CERTIFICATE OF DEATH
	Registration Dist. No. 9 3
Village or City Cherry fill (No.	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME John W. Gul	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORGED OR DIVORGED (Write the word)	16 DATE OF DEATH 2 192 0
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
apr 11 1847	Jan 1 1920. 10 Teprof 29, 1920,
(Month) (Day) (Year)	that I last saw h w alive on af 29, 1920.,
7 AGE If LESS than	and that death occurred on the date stated above, at 5m.
83 yrsmos. 18 ds. ormin.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or Ret Store Ruper particular kind of work	Cerebral imbolion.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yıs mos 6 ds.
9 BIRTHPLACE (State or country)	Contributory Secondary Nugotustile,
10 NAME OF FATHER OF June 2	(Signed) M. D.
() 11 BIRTHPLACE	192 (Address)
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) mus mabel Lucy	Former or usual residence
(Address) Elbton RD#3 md	Sharpes Cemetry and May . 1930
Filed May / 19230 Stank	CS Same & Son Celton P. 19th

(Approved by U. S. Census and American Public Health Association.)

fired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (veor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, etc., or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the (6) Grocery;

Statement of Cause of Death—Name, first, the Disease C vusing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be ass important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Cecil	07916 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 94
Village or City Near Bay Ville (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 7 /5 , 1936 (Month) (Day) (Year)
7 AGE / (Month) (Day) (Year)	that I last saw hanalive on hand that death occurred on the date stated above, at 205 m.
78 yrs. 1 mos. 3 ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work	The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary (Duration) yrs. mos ds.
10 NAME OF FATHER 11 BIRTHPLAGE OF FATHER (State or country) The state of country of the state of the s	(Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	Accidental, Suicidal of Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) lugere Racine (Address) houth East RD md	Where was disease threated, if not at place of dea.h? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Date OF BURIAL Dover 19 - L L-lverloh July 18, 1930.
15 Filed 7-16-30192 Tools Queen Registras	20 UNDERTAKER ADDRESS North Cast had 1. 15 W. Salatoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken laborer, Farm loborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (a) the kind of work and also (b) the 6

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meusles; Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.--

PLACE OF DEATH County Williage or City Ward) A color or RACE PERSONAL AND STATISTICAL PARTICULARS 3 SEX A COLOR OR RACE WARRIED WARRIED WARRIED WARRIED Williage or City PERSONAL AND STATISTICAL PARTICULARS 3 SEX A COLOR OR RACE Williage or City Ward) MARRIED WARRIED Williage A COLOR OR RACE Williage Williage WARRIED WA		06620
Village or City	PLACE OF DEATH	STATE OF MARYLAND
Willage or City (No		CERTIFICATE OF DEATH
FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX A COLOR OR RACE SINGLE WILDOWED WILDOWED (Month) (Day) (Van) TAGE (Month) (Month) (Day) (Van) (Month) (Month) (Day) (Van) (Month) (Month) (Month) (Day) (Van) (Month) (Month)		The Setal Registration Dist. No. 92
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE WINDOWED OR DIVORCED (Wite the word) 6 DATE OF BIRTH 10 . 1930 (Month) (Day) (Year) TAGE III LESS than I day has been and that death occurred on the date stated above, at and th	Village or City (No. Mo.	St.: Ward) (If death occurred in
S OCCUPATION (a) Trade, profession or particular kind of work (b) Ceneral nature of industry business, or establishment in which employed or (employer) O BRITHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 IBRITHPLACE (State or country) 12 MAJOEN NAME (State or Country) 13 BIRTHPLACE (State or Country) 14 THE ABOVE IS TRUE TO THE BIST OF MY KNOWLEDGE (Informant) (Address) LATE OF BIRTH 16 DATE OF DEATH (Month) (Mont	2FULL NAME Soly Darrey D	ora Rad cliff number.)
MARIED, WOONED CED (Write the word) 6 DATE OF BIRTH 7 AGE Month (Day) (Year)	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE Secondary Secondary	MARRIED. WIDOWED.	June 5 , 1920
(Month) (Day) (Year) (Add year) (Address) (Month) (Day) (Year) (Address) (Month) (Month	6 DATE OF BIRTH	HEREBY CERTIFY, That I attended the deceased from
TAGE If LESS than I day hrs. or min.? If LESS	Zuch 10, 1930	Wee 5.
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Carl Radeliff 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME PLACE OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed June 7 1980 AMALE OF BURIAL OR REMOVAL REPRESENTED THE BUST OF BURIAL REPRESENTED THE BURIAL OR REMOVAL THE BURIAL OR REMOVAL REPRESENTED THE BURIAL OR REMOVAL THE BURIAL OR REMOVAL THE BURIAL OR		
Social profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed June 7 1980 AMADEN AMAD		
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country) Pracuplant 10 NAME OF FATHER OF FATHER (State or country) Pracuplant 11 BIRTHPLACE (State or country) Pracuplant 12 MAJOEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Address) 15 Filed June 7 1980 MALLER ARROYAL 18 DURSTAKER ADDRESS ELKLOTH 20 UNDERTAKER ADDRESS ELKLOTH ADDRESS ADDRESS ELKLOTH ADDRESS ELKLOTH ADDRESS ADDRESS ELKLOTH ADDRESS ADDRESS ADDRESS ELKLOTH ADDRESS ADDRESS	2 /-(0.)	The CAUSE OF DEATH * was as follows:
(Signed) I large from the particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) May and Contributory Secondary 10 NAME OF FATHER (State or country) May and Contributory Secondary 12 MAIDEN NAME (State or country) May and Composition of Morther (State or Country) May and Country and Composition of Morther (State or Country) May and Country and		Deal and Country
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BIST OF MY KNOWLEDGE (Informant) (Address) 15 Filed June 7 1980 18 LENGTH OF RESIDENCA (For Hospitals, Institutions, Transmission and State (Information) (Address) 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transmissions or Recent Residents) (Informant) (Address)	(a) Trade, profession or	
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed Mure 7 1980 15 Filed Mure 7 1980 16 Mann (Address) 17 Duration) (Contributory Secondary (Signed) (Sig		· ····································
which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Contributory Secondary (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) Asstate the I is ase Causing I) eath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidentals, Sulcidai or Homietdal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death (In the of death (In the of death (In ot at place of death) Former or usual residence (Address) DATE OF BURIAL PLACE OF BURIAL OR REMOVAL PLACE OF BURIAL PLACE OF BURIAL OR REMOVAL PLACE	business, or establishment in	(Duration) yrsmosds.
Secondary	which employed or (employer)	Contributory Jungueres.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed June 7 1980 16 M. D. (Signed) (Address) (No deaths from Or Injury and (2) Whether Accidental, Suicidal or Homicidal. (B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? (Address) DATE OF BURIAL SULVAGO Ceurter (ADDRESS ERROW SULVAGO ADDRESS SURVAGO ADDRESS SURV	9 BIRTHPLACE (State or country) May L	Secondary
FATHER Carl Radely II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed June 7 1920 16 Signed) (Signed) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Signed) (Address) (Add	I 10 NAME OF &	1 xme Knight ("
*State the I is ase Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) (State or Country) (Informant) (Address) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed June 7 1980 16 State or Country 17 Main desths from Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted, if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS ELKtone ADDRESS ELKtone ADDRESS		Second Second Second
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Addres	of FATHER	
of Mother 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed fune 7 1980 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death	W	
At place of death	of MOTHER Many Hogwood	
(Informant) (Informant) (Address) (Addres	13 BIRTHPLACE	At place In the
(Informant) Carl Radcliffe (Address) Elkton (Address) 1980 Mush States H. Whifpin if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Elkton Centery 20 UNDERTAKER ADDRESS Elkton 22		Of Geath
(Address) Elkton 19 PLACE OF BURIAL OR REMOVAL (Address) Elkton Centery Free 7, 1936 20 UNDERTAKER ADDRESS Elkton 2nd ADDRESS Elkton 2nd	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Address) Elkton Levety July 7, 1930 15 Filed June 7 1980 Muss Start H. Whifpin Elkton 2nd	0 1 3 . 111	Former or usual residence
Filed June 7 1980 & Must Start H. W. Piffin Elkton 2nd	(Informant) Con / Caactiffe	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed fune 7 1980 & Must stay H. W. Riffin Elkton mi	(Address) Ekton h	Elkton Cereting June 7, 1930
Registra) H. W. Mypu	Filed une 1980 the Miller	20 UNDERTAKER ADDRESS
	Resistra	M Species St. Bulto, Requesting V. S. Au. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reg ged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womyrs). For persons who have no occupation (b) Cotton mill; (a) Solesman, without more precise specification as Day Stationary fireman, etc. (b) (a) the kind of work and also (b) the Automobile factory. The material Locomotive engineer, But in many 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"(E:haustion," "Heart failure, Liaemonnage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the lclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Mcastcs; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi resulting from childbirth or miscarriage as or intercurrent) Chronic statement of cause of valvular heart disease; affection etc. The contributory need not

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S No. 1 >

PLACE OF DEATH	19132 STATE OF MARYLAND
County	CERTIFICATE OF DEATH
Elklow	1/ 1 Registration Dist, No. 92
A. A Maion A	toshe Trel
Village or City 1500 (No.	a hospital or institu-
1 1 1 1	tion, give Its NAME in- stead of street and number.)
2FULL NAME CAME 4	1
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
MIDOWED.	August 1920
Memail (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
august the 14, 1911	and 192 S. to 192 S.
(Month) (Day) (Year)	that I last saw h la alive on
7 AGE	and that death occurred on the date stated above, at
19 yrs. 0 mos. 0 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION	
(a) Trade, profession or	0100000 01000 01000 0100 0100 0100 010
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration) yrs, mos ds,
which employed or (employer)	Contributory Tay Must The Trans
9 BIRTHPLACE (State or country)	Secondary
I 10 NAME OF	Durstion) yrsmos/de.
FATHER OTTE A PROJECT	(Signed) M. D.
() 11 BIRTHPLACE	192 (Address)
L OF FATHER	*State the lisease Causing Death, or, in deaths frem Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Z (State or country) maryland	
of MOTHER marget Colman	18 LINGTH OF RESIDENCE (For liospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place AQ In the
OF MOTHER (State or Country) Maryland	of death yrs mos ds. State yrs mos da. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) attra Rassar	Former or usual residence Marwash, Mil
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Warning M. D.	Cerlilly Son Lenter Son I 2. 1030
15 On 20 30 Page 1 Proc	29 UNDERTAKER ADDRESS
Filed Muc 30 1970 + Shaul frag	Sarral Mele mure middle lose
If more banks are needed, addre.s tate Kegistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. ho. 1.

(Approved by U. S. Census and American Fublic Elealth Association.)

ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Flanter, tion applies to e ch and every person, irrespective cl fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en-Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. whatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed " etc., without more processed mine, etc. Womborer, Farm laborer, Laborer—Coal mine, etc. Womborer, for the Foreman, For many occupations a without more precise specification as Day (b) Automobile factory. The material single word or term en The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemi: cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Inanition, causing death), 29 ds.; Bronehopneumonia (secondary), st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tctanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences (e.g., sepsis earbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condiby Committee on Nomenclature of the etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	04173 STATE OF MARYLAND
County eccl	CERTIFICATE OF DEATH
1 PlARit	Registration Dist. No.
Village or City OUT (No.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
2FULL NAME FAMILY CA	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVISION OR DIVISION OR DIVISION OR DIVISION OF DI	16 DATE OF DEATH , 192 , 1920
6 DATE OF BIRTH Feb. 28, 1868	17 I HEREBY CERTIFY, That I attended the deceased from Lee 10, 187, that I last saw beautiful on Lee 9, 1927.
(Month) (Day) (Year) 7 AGE	and that death occurred on the date stated above, at 2 Pm, The CAUSE OF DEATH * was as follows:
Offyrsds. ormin.?	Chromio Valvulo, dicease
a) Trade, profession or Buttur	ofhert
particular kind of work (b) General nature of industry	
business, or establishment in frewalt House	(Duration)yrs. 4 mos/ Cds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) mosds.
10 NAME OF FATHER WILLIAM Randall	(Signed) Grunt Firstand M. D.
OF FATHER (State or country)	*State the Disease Causing Death, A, in donths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER SAME	LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
(Informatilles N. H. Randall	Former or usual residence
(Address) Port All Part md.	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL THINKS 19031
Filed 1920 Registrar	20 UNDERTAKER ATTINAN LANGESS LEVELLE
If more blanks are needed, addre s State Registras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Civil engineer, Physician, For many occupations a single word or term on without more precise specification as Day Compositor, Stationary fireman, etc. Architect, Locomotive engineer, But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature of the cough; ChronicCarcinoma, Sarcoma, etc., of affection need etc. The contributory valvular heart not be disease; " etc.

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City with East (No	St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Married, Wildowed. White (Write the word)	16 DATE OF DEATH 10/51 2 2 4, 193 0. (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 HEREBY CERTIFY, That I attended the deceased from 1920 to 0 1 2 2 1920
7 AGE If LESS the leave with the	rs. The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
11 BIRTHPLACE OF FATHER OF FATHER	(Signed)
Z (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or Country).	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. State yrs mos des. Where was disease contracted,
(Informant) who W. Ray (Address) north fast rid.	Where was disease contracts, if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (0) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the (a) Foreman, Spinner, (b) Cotton mill; (o) Salesmon, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationory fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "Fowman," "Manager," "Dealworked on may form part of the second statement. r," etc., For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile foctory. The material Grocery;

Statement of Cause of Death—Name, first, the DISERAND CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

"data is essential and must be obtained before the certificate is

answered in detail, it will prevent further correspondence.

All the

American Medical Association.) If this certificate is looked over thoroughly and a'l qu stions approved by Committee on telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuly can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles; as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railwoy trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Nomenclature

BINDING

MARGIN RESERVED FOR

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE Sennate MARNHED WIDOWED WIDOWED WIDOWED WINDOWED	PLACE OF DEATH County Level, Village or City Fart De Bornat 2FULL NAME Ala S. Reid	St.: Ward) St.: Ward) St.: Ward) St.: Ward) St.: Ward) Maryland (If death occurred in a hospital or institution, give its NAME instead of number.)
MARRIED WIDOWED CED WIDOWED CED WIDOWED CED WIDOWED CED Will the word) 6 DATE OF BIRTH (Month) (Mon	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
If LESS than I day hrs. Soccupation Garde, profession or particular kind of work Garde, profession or particular	Temple Multe Widowed Marketon Widowed Monor OR DHYORCED (Write the word) 6 DATE OF BIRTH Thursday 12, 1844	(Month) (Day) (Year) 17 HEREBY CERTIFY, That attended the deceased from 192 S. to 112 2 3 192 3 0
Uniformant) (Address) (Address)	7 AGE 86 yrs. 2 mos. 1 ds. or min.? 8 OCCUPATION (a) Trade, profession or	and that death occurred on the date stated above, at 7 Pm. The CAUSE OF DEATH * was as follows: Wyocurclus. 8 Eulogorulus.
	(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Contributory Secondary Secondary Secondary Secondary Survivor Survivor Survivor Survivor Survivor Survivor Survivor Survivor Moss. M. D. Manual 24, 1923 (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death. yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Maxlunyton Date Of BURIAL Maxlunyton Date Of BURIAL

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. whatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the -Coal mine, etc. Wom-(b) The ques-Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease Always qualify all 10 ds. Never report mere syniptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. approved by (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Puerperal septicuomia," "Puerperal peritonitis, diseases resulting from childbirth or miscarriage as "E:haustion," "Heart failure," "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondar, or intercurrent) affection need not be Whooping Examples: Accidental drowning; Struck by railway train "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . (name origin; "Cancer" is less definite; avoid cough; " "Marasmus," "Old Age," "Shock, Committee on Chronic valvular heart disease; Example: Measles (disease "Senile," etc.), "Dropsy," failure," "Haemorrhage," etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all quations answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CERTIFICATE OF DEATH

(If death occurred in a hospital or institution, give its NAME in-stead of street and

MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY, That I attended the deceased from

and that death occurred on the date stated above, atm.

(Duration) _____yrs. ____mos.....

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scruant, Cook, laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plonter fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housenaid, etc. If the occupation has been changed ployed. as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of to report Foreman, or At Home, and children, For many occupations a single word or term on yrs). Form laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Doy specifically the occupations of (b) Automobile factory. The material For persons who have no occupation Loborer--Coul minc, etc. Womnot gainfully em-(b) persons en-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted te: a for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," approved by Committee on Nomenclature (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); Meosles; inges, perilonaeum, etc., Curcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and a l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH	06621 STATE OF MARYLAND
	County Clelch 148	CERTIFICATE OF DEATH
	O COMPORA	Registration Dist. No.
	Village or City Elklow (No. Muc. 2FULL NAME Gestrude Many	Reguelds Ward) (If death occurred In a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTURICATE OF DEATH
	Revale white Single, Married Wildows. Or DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	6 DATE OF BIRTH LEAST IF OF STATE OF BIRTH (Nonth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 20 that I last saw h 12 slive on 2000 7, 192 20
	7 AGE 3 4 yrs. 9 mos. 3 ds. or min.	and that death occurred on the date stated above, at
	8 OCCUPATION (a) Trade, profession or particular kind of work	past. Parlum Elarpsia
954	(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs, mos 2. ds.
	9 BIRTHPLACE (State or country) Pennsylvoria	Contributory Secondary (Duration) via the description
	10 NAME OF John Cowden	(SignAd) A GALLAND MAN GALLAND
	OF FATHER (State or country)	*State the Piscase Causing Death, or, in deaths from Violent Cavises, state (1) Means of Injury and (2) Whether Aeridental, Suicidal or Homicidal.
	of MOTHER MOTY W Doves	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	(Informant) Cowden Vegnolds	19 PACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) North Cast. Ma, Kal	Cherry Heel Rucky Nuce 11, 1,30
	Filed June / 1920 - June Registrat	J. Delemathy Elplon md
	If more blanks are needed, address State Registre	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.





(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Civil engineer, Stationary fireman, etc. But in many state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic etc. The contributory affection need valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V S. No. 1

N. B.

properly cla	2
cert	PERS
	3 SEX Mole
so that it may be ructions on back	6 DATE OF
structio	7 AGE
in plain term rtant. See in	(a) Trade, particular (b) Genera business, which emp
should state CAUSE CF DEATH ent of OCCUPATION is very Impo	State of State of State of State of State of State of Miles of Mil
is sho	(Inform

PLACE OF DEATH	STATE OF MARYLAND
County Clerk	CERTIFICATE OF DEATH 9
Village or City Elstlon (No. 242 W.	a hospital or institus
2FULL NAME Miscomo	Pl Cayallo tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married, Widowed (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Left 5, 1930	192, 192,
(Month) (Day) (Year)	that I last saw h
7 AGE If LESS than I day Thrs. ds. or nin.?	and that death occurred on the date stated above, at
a OCCUPATION (a) Trade, profession or	Miscorrioge.
particular kind of work	2 months gestation
(b) General nature of industry business, or establishment in	(Duration)yrsmosds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Cecil & ind	Secondary
10 NAME OF Chas a. Reynolds	(Signed) Herbert Bellow Tud
OF FATHER (State or country) Selection 2	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Marion E. Walf	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER Pa	ients or Recent Residents) At place of deathyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Chos a. Reynolds	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Ellon wil	fremeses, 19
15 Filed Sept (1929 J. Juny 5 Juny 5	20 UNDERTAKER ADDRESS
If more b.phks are needed, addre s Ltate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional-line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tle first line will be sufficient, e. g., Farmer or Planter, tion applies to cuch and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (r) or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. g. ged in domestic service for wages, as Scrvant. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation If the occupation has been changed -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the bis-BASE CAUSING DEATH (the primary affection with establet to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely State cause for which surgical operation was under-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; "Heart failure," "Ilaemorrhage, Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

7 AGE

RENT

B OCCUPATION

9 BIRTHPLACE (State or country)

10 NAME OF

FATHER 11 BIRTHPLACE OF FATHER

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or Country)

(Informant)

(Address

(a) Trade, profession or

particular kind of work

(b) General nature of industry business, or establishment in

which employed or (employer)

(State or country) 12 MAIDEN NAME

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED

	CERTIFICATE OF DEATH
((93) Registration Dist. No. 972
- A	St: Ward) Calcardsou (If death occurred in a hospital or institution, give its NAME instead of street and number.)
RS	MEDICAL CERTIFICATE OF DEATH
eglee	(Month) (Day) (Year)
1(Year)	that I last saw here on 192,
LESS than day hrs. min.?	and that death occurred on the date stated above, at 3 P m. The CAUSE OF DEATH * was as follows:
	Contributory Secondary
	(Signed) A tward W Then M.B. 14 1930 (Address) Collabor M.B.
	/*State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	At place of deathyrsmosds. Stateyrsmosds. Where was disease contracted, if not at place of death?
GE	Former or usual residence
ma	County Home Cewetery Faby 19, 19.3.4
egistrai	20 UN DERTAKER Elkton Mil
te Kegistrar	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH County 2FULL NAME PERSONAL AND STATISTICAL B SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day)

mos,

No. 1

σŝ

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs): definite salary), may be entered as Housewife, Houseloborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Civil engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, giged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive whatever, write Nonc. Housemoid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesmon. For persons who have no occupation (b) Automobile factory. The material Stationary Jireman, etc. As examples: (a)But in many 6 engineer, Grocery;

spinal meningitis"; Dinhlheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-(the only definite synonym is "Epidemic cerebropneumoria, Bronchopneumonia ("Pneumonia,

> "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if inpossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train. Chronic interstitial nephritis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease valvular heart etc. affection need The contributory not be disease;

permanently filed. data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all qu stions

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact ORD WITH UNFADING INK-THIS IS A PERMANENT WRITE P

MARGIN RESERVED FOR BINDING

V. 8. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Leecel	CERTIFICATE OF DEATH
County	1010
Village or City (No	Registration Dist. No. St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. A OR DIVORCED (Write the word)	16 DATE OF DEATH Apr - 2- , 1980 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 HEREBY CERTIFY, That I attended the deceased from the 29 1930 to April 2, 1934 that I last saw has alive on April 1934
7 AGE 2 yrs. 8 mos. 0 ds. or min.	. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Durstion) yrs mos 6 d
which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs. 1008. de
10 NAME OF Storge Hunger	(Signed) M. [Opr 3 1930 (Address) Narth East, mg
(State or country) My Survey	*State the Userase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MU YELLI	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transionts or Recent Residents)
OF MOTHER (State or Country) Me Aund	At place of death
(Informant) My Nerman / Tury	if not at place of dea.h? Former or usual residence
(Address) Muay ou	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MAN 2 . C
15 Filedyn 4 19230 Amus Jones	20 UNDERTAKER ADDRESS ADDRESS
If more blanks are needed, address State Megistre	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Furm laborer, Laborer—Coal minc, etc. Wom-Civil engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the dutics of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, mer, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, For persons who have no occupation mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many The ques-

Statement of Cause of Death Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal lever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," stated unless important. Example: Mcasics (disease use of "Tumor" for malignant neoplasms); tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, " "Marasmus," "Old Age," "Shock," etc. The contributory Measles,

	(Exa
•	SD CS	SSIFIE
	COF	d EXA
(1)	ENT	e state
NION	RN.AN	ould b may b n back
R BII	A PE	that it
MARGIN RESERVED FOR BINDING	HIS IS	ms so instruc
SERVE	NKT	ly suppliain ter
Z RES	ING I	careful H in pl
ARGII	UNFAL	DEAT
Σ	VITH (SE OF
)	, d	rmatio
(S	of info
	WRITE WITH UNFADING INK-THIS IS A PERMANENT CORD	Every item of information should be carefully supplied. ACE should be stated EXACTLY, PROS CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exastatement of OCCUPATION is very important. See instructions on back of oerhiteate.
	5	-Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PROSINANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exastatement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH	02840 STATE OF MARYLAND
County	© CERTIFICATE OF DEATH
Village or City Electron (No.) 2FULL NAME alice Ida R	St.: Ward) (If death occurred li
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ferrale White Single, Widowed, Widowed (Write the word)	d 16 DATE OF DEATH and 242, 1930
6 DATE OF BIRTH (Month) (Day) (Year)	S HEREBY CERTIFY, That I attended the deceased from
7 AGE 64 yrs. 1 mos. 2 de. lf LESS the l day hr or min	7s. The CAUSE OF DEATH * was as follows:
6 OCCUPATION (a) Trade, profession or A Avorce particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) was determined to
9 BIRTHPLACE (State or country) Many low	Contributory Secondary (Signed) M. I
OF FATHER (State or country) Many Level	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Wouse Clay of 13 BIRTHPLAGE OF MOTHER MOTHER	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents) At place of deathyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mus Joel Siemmons	Where was disease contracted, if not at place of dea.h? Former or usual residence.
(Address): Elkton Zul	19 PLACE OF BURIAL OR REMOVAL Elktor Cametry 20 UNDERTAKER ADDRESS
Filed March 21982 Lands Meret	- Harrishing Elkton h

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH g ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc: If the occupation has been changed worked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single, word or term on yrs). For persons, who have no occupation Farm laborer, Laborerwithout more precise specification as Day who are engaged in the duties of the Stationary fireman, etc. But in many -Coal mine, etc. Womperson, irrespective of

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); I'yphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia,"

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi Chronic valvular heart disease etc. The contributory affection need not be etc., of

S. No. 1

County Carell	(44) CERTIFICATE OF
WITHIN COHE	Registration Dist. No
Village or City Elhtory (No	St.: Ward) (If d a hos tion, stead number
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH June 29 (Month) (Day)
6 DATE OF BIRTH 15 , 186	17 I HEREBY CERTIFY, That I attended t
(Month) (Day) (Year) 7 AGE If LESS tha	
62 yrs. mos. 4 ds. or min	100000000000000000000000000000000000000
(a) Trade, profession or particular kind of work (b) General nature of industry	with freed metas
business, or establishment in which employed or (employer)	Contributory
10 NAME OF FATHER gym Dickerson	(Signed) (Signed) (Address) ELLL
II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the I is ase Causing Death, or, in Violent Causes, state (1) Means of Injury an Accidental, Suicidal or Homicidal.
of MOTHER Elizabeth Vail 13 BIRTHPLACE	1B LENGTH OF RESIDENCE (For Hospitals, In ients or Recent Residents)
OF MOTHER (State or Country)	At place of death yrs
(Informant) Westert Rollinell	Former or usual residence
(Address) Stanton, Del.	Elklon bemelery and
Filed July 1920 Jungar Mark	94. W. Pippin Elks
If more banks are needed, addre.s State Registr	ar, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

PLACE OF DEATH

A- Belle 06622 STATE OF MARYLAND

CERTIFICATE OF DEATH

(If death occurred in

Registration Dist. No.

Rothwell	tion, give its NAME instead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH June	29 , 1930
(Month)	(Day) (Year) (Year) ended the deceased from
192 to	79 3
and that death occurred on the date stated The CAUSE OF DEATH * was as follows:	stowell
Contributory	
(Signed) Herbert Bales Jun 30, 1930 (Address) El	Clow mel
*State the I is ase Causing Death, Vlolent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	
1B LENGTH OF RESIDENCE (For Hospitients or Recent Residents)	tals, Institutions, Trans-
At place of deathyrsds. In the Stat Where was disease contracted, if not at place of dea.h?	eyrsds.
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Elklon bemetery	July 2, 1930
20 UNDERTAKER	ADDRESS
H.M. Ouppin	Elaton Mds

1

(Approved by U. S. Census and American Public Health Association.)

busines, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from Statement of Oceupation-Precise statement of oclaborer, Farm laborer, Laborer—Coan many, laborer, Farm laborer, Haborer the duties of the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewije, House-Spinner, nature of the business or industry, and therefore an Pinysician, Compositor, Architect, Locomotive engineer, the arst line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. g. ged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as Ai school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs.). (b) Cotton mill; (a) Salesman, For persons who have no occupation Stationary fireman, etc. But in many 6 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(Recommendations on statement of cause of death atie), stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., scpsis, "Enhaustion," "Heart failure," "Haemorinage, "Shock," "Shock," "Admitton," "Marasinus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, causing death), 29 ds.; Bronchopneumonia (seeondary) use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from ehildbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on American Medical Association.) Examples: Accidental drowning; Struck by railway train-State eause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, "Heart failure," "Haemorrhage, Chronic etc. The contributory affection necd valvular hcart discase; Nomenclature of the Measles ; not be

(If death occurred in

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

cases, state occupation at beginning of illness. If retired from Spinner, (b) Cotton should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer free or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day 6 For persons who have no occupation (a) the kind of work and also (b) the Automobile foctory. The material mill; (a) Salesman. -Coul mine, etc. Wom-(6) The ques-Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup ed term for the same disease. Examples: Cerebrospi EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pis-Typhoid fever (never report "Typhoid Pneumonia time and causation), using always the same accept-(the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ethaustion," "Heart failure," "Haemorrhage, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicuemia," "PUERPERAL perilonilis," etc. "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fructure of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uruemia," "Weakness," etc., when a definite disease Chronic interstitiol nephritis, American Medical Association.) approved by Committee on Nomendature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; " "Marasmus, " "Old Age, " "Shock, or intercurrent) affection need not be Chronic Example: Measles (disease valvular heart disease, etc. The Always qualify all coutributory Measles ,

answe Al this certificate is looked over thoroughly and al quistions ently filed. essential and must be obtained before the certificate is

PARENTS

15

OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)

(Address)

	1PLACE OF DEATH
1	County Cecil
Vil	llage or City Eletton (No. 18)
	2FULL NAME auna Belle
	PERSONAL AND STATISTICAL PARTICULARS
3:	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. White Conditions of Conditions
6 1	DATE OF BIRTH Sec 9 (Month) (Day) (Year)
7/	If LESS than l day hrs or min.
(b	b) General nature of industry ousiness, or establishment in which employed or (employer)
9 E	(State or country) Mary law
	10 NAME OF Wen 24 Gracey
ENTS	11 BIRTHPLACE OF FATHER (State or country)
ш	12 MAIDEN NAME O

THE BEST OF MY KNOWLEDGE

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

4873

	Ward)	(If death occurred in a hospital or institu- tion, give its NAME In- stead of street and
Krissell		number.)
MEDICAL CERTI	FICATE O	F DEATH
16 DATE OF DEATH	233	£ , 1920
(3	fonth)	
17 I HEREBY CERTIFY,		nded the deceased from
that I last saw h Ralive on	Dec	2/ 192, 2,
and that death occurred on the The CAUSE OF DEATH * was as		above, at 12, 10 m.
Chronic	Zu	praulit,
(D.,	ration)	dada.
Contributory Secondary		
(Dy	ration)	ds,
(Signed)	ffre	M. D.
DEC 2 4 1920 (Address).	EL	feter rug
*State the Disease Causi Violent Causes, state (1) Mo Accidental, Suicidal or Homicidal.	ng Death,	or, in deaths from ury and (2) Whether
18 LENGTH OF RESIDENCE (I	For Hospita	als, Institutions, Trans-
At place of death yrs	In the State	ds.
Where was disease contracted, if not at place of death?		
Former or usual residence		***************************************
Elkton Cotholic	andry .	PATE OF BURIAL
20 UNDERTAKER H. W. P. A.	ine	Elitton Zul

If more/banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

N. B

CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation -Coal minc, etc. Wom-(b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Lobar pneumonia, Bronchopneumonia Typhoid fever (never report "Typhoid Pneumonia"); ("Pneumonia,

> stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Whooping Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The valvular heart disease; contributory

permanently filed. answered in detail, it will prevent further correspondence. data is essential and must be obtained before the certificate in If this certificate is looked over thoroughly and all questions

	4	tec per
	WRITE IN IN WITH UNFADING INKTHIS IS A PERMANENT P	sta
U	回	Se l
Z	IAI	Di y
7	RN	no mu
m	PE	sh it
MARGIN RESERVED FOR BINDING	A	CE hat
0	S	A
0	S	ed.
日	IH	rm
>	1	sup te
Щ	Z	ly s
Ë	(7	ful
IL	Z	d ir
Z	Q	TI
S. C.	IF/	DE/
A	5	P I
2	H	60
	717	JSE JSE
	15	AL
	B	E e
	N.	for
		u s
	land.	to of
	TE	aho t
	/RI	See
	5	AN
1 7	1	S C E
N		m
V S. No. 1		N. BEvery Item of information should be carefully supplied. ACE should be stated CIANS should state CAUSE OF DEATH in plain terms so that it may be proper consistent of CIANS should state CAUSE OF DEATH in plain terms so that it may be propertied to the consistency of CIANS should be consistent of CIANS should be consistent of the consistency of the c

PLACE OF DEATH	STATE OF MARYLAND
County Cicil	CERTIFICATE OF DEATH Registration Dist. No. 911
Village or City north East (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH	(Nonth) (Day) (Year)
	that I ast saw h alive on
7 AGE If LESS I day or if up or	hrs. The CAUSE OF DEATH * was as follows:
CCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER CREATER CREATER CREATER	Contributory Secondary (Duration) (Signed) (Signed) (Signed) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration)
OF FATHER (State or country)	*State the Hisrase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sucidal or Homicidal.
12 MAIDEN NAME OF MOTHER OLICE & Hamis	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
OF MOTHER (State or Country). 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death
TOR	10 Former or usual residence
(Informant) Chester & Cusse	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housewhatever, write None. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from nature of the business or industry, and therefore an additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer ar Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Autamabile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EALS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Labar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death tetanius) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcona, etc., of approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was under-"Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, 'Congenital,' "Senile,' etc.), "Dropsy, Chronic valvular heart disease; etc. The contributory

V. S. No. 1

00 ż

1	PLACE OF DEATH
	County Cecil
Vil	lage or City Elstore (No
	PERSONAL AND STATISTICAL PARTICULARS
35	4 COLOR OR RACE 5 SINGLE, MARRIED MANUEL WIDOWED. OR DIVORCED (Write the word)
6 [OATE OF BIRTH (Month) (Day) (Year)
7 A	67 yrs. 0 mos. 14 ds. or min.?
(i) P (i) b	b) General nature of industry usiness, or establishment in which employed or (employer)
9 8	(State or country) Pennsylvania
NTS	10 NAME OF FATHER Win H Webb 11 BIRTHPLACE OF FATHER (State or country) Percesylvania
PARENT	OF MOTHER Rebecca A Smith
	13 BIRTHPLACE OF MOTHER (State or Country) Persey loania
14	(Informant) (Address) (Address) (Address)
11	

05444 STATE OF MARYLAND

CERTIFICATE OF DEATH

registration L	/IBt. 140		*********
Ward)	(If death a hospital tion, give i	or inst	itu-
mi	stead of		

MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH May 17, 1920			
(Month) (Day) (Year)			
17 HEREBY CERTIFY, That I attended the deceased from			
Mor 1929. to may 17, 1920.			
that I last saw h Malive on May (7, 1920,			
and that death occurred on the date stated above, atm,			
The CAUSE OF DEATH * was as follows: Our pleritis			
and durine my cearelitis			
(Duration)d_s			
Contributory Secondary			
(Duration) yreds.			
(Signed) Herbert Bales M. D. 5/19 1930 (Address) Rentin and			
*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-			
ients or Recent Residents)			
At place of deathyrsmosds. In the Stateyrsmosds.			
Where was disease contracted, if not at place of deah?			
Former or usual residence			
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
Bethel Cently May 20, 1030			

If more blanks are needed, addre a tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

129

(Approved by U.S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary); may be entered as Housewije, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, g god in domestic service for wages, as Servant, Cook, Housemard, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement. whatever, write Nonc. Foreman, (b) For many occupations a single word or term on yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman, without more precise specification as Day Stationary fireman, etc. But in many Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Ilaemorrhage, "Inamition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopncumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is loss definite; avoid approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely (secondary or intercurrent) affection American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi Chronic valvular heart disease ," etc., when a definite disease etc. The contributory need not be

Ì		of inform
		-
		0
	WRITE	B Every Item
	3	ery
=		M
V. S. No. 1		1
σi	1-	0
>	(1	Z

-	PLACE OF DEATH	02841 STATE OF MARYLAND
	County Cecil	CERTIFICATE OF DEATH
	Village or Eletton Murion &	Fosfital Registration Dist. No. 972 St.: Ward) (If death occurred in a hospital or institu-
Caro	2FULL NAME Elizabeth S	a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
D NOB	Female Colors or RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Noush (Month) (Day) (Year)
a no su	Month (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from March 12 1930. to 1 auch 13 1930. that I last saw h le alive on 1 auch 13 1934.
structio	7 AGE 49 yrs. mos. ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
999	B OCCUPATION (a) Trade, profession or Housewife particular kind of work	anty Culia
ortant.	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Contributory Contributory
y imp	State or country) Maryland	Secondary (Marstion) yre pos ds.
Ver	FATHER Thomaso Januars	(Signed) M. D.
2 2	OF FATHER (State or country) Many land	*State the I'ls ase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
4	of MOTHER W information	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents)
0000	13 BIRTHPLACE OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs de. In the State yrs mos de.
101	A THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence.
tatemen	(Informant) Cepton Zul	19 PLACE OF BURIAL OR REMOVAL ELKtor Colone Causly Mich 16, 1934
318	Filed March 15 1920 J. Dauf Mage	20 UNDERTAKER SURTON PULL
	if more b.anks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits ean be known. The queseupation is very important, so that the relative healther," etc., Wilnow
laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons, who have no occupation g ged in domestie service for wages, as Servant, Cook ployed, as At school, or At, home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many -Coal mine, etc. Womperson, irrespective of Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from ehildbirth or miscarriage as can be ascertained as the eause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on as fracture of skult, and eonsequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory Nomenclature of the

PLACE OF DEATH	6347 STATE OF MARYLAND
County Coll	CERTIFICATE OF DEATH
Village or City Car Chesafeaker ety	Registration Dist. No. 7 O St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Jaura V. Sauca	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jamele Actor of Race Single, Married, Indowell of Divorced (Write the word)	16 DATE OF DEATTALLIANS 3 130 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
2 12 1858	January 30 1030 10 January 3 130.
(Month) (Day) (Year)	that I last saw her alive on James 2 1980
7 AGE If LESS than	and that death occurred on the date stated above, atm.
7/ yrs. 10 mos. 2/ ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Aforms particular kind of work	Cerebral Willauthage
(b) General nature of industry	19
business, or establishment in which employed or (employer)	(Duration) yrs. mos (Duration)
9 BIRTHPLACE (State or country) Such Ca. (Md.)	Contributory Secondary Z
10 NAME OF FATHER STANLAS COVEY	(Signed) Carlierine Laads M. D. Jan 3 1920 (Address) Cecellow Jul.
OF FATHER (State or country)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Elizabeth aspril	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of doa.h?
Hela Sanday	Former or usual residence
(Informant)	19 PLACE OF BUBIAL OR REMOVAL A DATE OF BURIAL
(Address) Cherafiako City NO. 1964	Bethel Cemeter Jaw, 5 1,000
Filed 192 Registra:	John J. Cofinage Cillon Ind
If more b.anks are needed, addre. s Ltate Kegistry	16 W. Saratoga St., Batto., Equesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseshould be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yrs): state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed ployed. us At school, or At home. Care should be taken household only (not paid Housekcepers who receive a loborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former (re-Physician, Compositor, Architect, ged in domestic service for wages, as Servant, Cook, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on man, (b) Automobile foctory. The material without more precise specification as Day For persons who have no occupation Stotionary fireman, etc. But in many Locomotive engineer, As examples: (a)

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptcd term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "E:haustion," "Heart Labrus," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonilis, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train diseases "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The contributory Nomenclature of the

V. S. No. 1

	Ö.	erly c
BINDING	PERMANENT	chould he state t it may be prop s on back of ce
FOR	IS A	So tha
MARGIN RESERVED FOR BINDING	WRITE ANY WITH UNFADING INK-THIS IS A PERMANENT CO	N. BEvery item of information should be carefully supplied. ACE should be stated EX CIANS should state CAUSE OF DEATH in plain terms so that it may be properly of statement of OCCUPATION is very important. See instructions on back of certified
I °ON °C · A	WRITE	N. B.—Every item c CIANS shou statement of

		00001
	PLACE OF DEATH	06624 STATE OF MARYLAND
	6-0	STATE OF MARTEARD
	County Clary	CERTIFICATE OF DEATH
	128	Registration Dist. No. 94
	1 2 H 0	Registration Disc. No.
	Village or City Monthleas (No.	St.: Ward) (If death occurred In
	no , le	tion, give its NAME is
1	2 FULL NAME alexander Tho	mas Samueles stead of street and number.)
1	TOLE HAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
)	MARRIED.	16 DATE OF DEATH
5	or DIVORCED	, 104.0
	(Write the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	may 10 1025	Msunt 1 - 1920 to Marl 6 - , 193. P.
	(Mogth) (Day) (Year)	that I last saw h La alive on Jane 6 , 193 A
	7 AGE IfLESS than	a pro
3		and that death eccurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
	2 yrsmos. 27 ds. ormin.?	The CAUSE OF DEATH - Was as follows:
3	8 OCCUPATION	- apercular
3	(a) Trade, profession or	J. S. J.
)	particular kind of work	
- Company	(b) General nature of industry	
	business, or establishment in which employed or (employer)	(Duration) yrs, mos ds.
1	2	Contributory Riches
2	9 BIRTHPLACE (State or country)	Secondary
	mol	(Duration 7 yrs mos de
	10 NAME OF FATHER	(Signed) Jacob Al Showled M. D.
	Jesse Jamalia	in the offeted man
2	m 11 BIRTHPLACE	192 (Address) 2
	C (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
	OF FATHER (State or country) 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
	of MOTHER Clara Cole	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
	13 BIRTHPLACE	ients or Recent Residents)
	OF MOTHER	At place In the of death yrs mos ds. State yrs ds
	(State or country)	Where were discose contracted
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	() D /.	Former or usual residence
	(Informant) Law Jame aus	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	W LE at W d	OIL OF BURIAL OF REMOVAL
	(Address)	At Marks U U MV Cut June 8 19 30
	15 1 - 4 3 - 4 011 0	20 UN DERTAKER ADDRESS
	Filed 6-7-30 192 Lo W. Vereson	Onla Phanels The
		Jougen Wham with cart
	If more blanks are needed, addre.a State Registrar	, 16 W. Saranga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many business. that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housenwid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons ennature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, For many occupations a single word or term on West. Farm laborer, (b) Cotton mill; (a) Salesman, (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Womnot gainfully em-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., scpsis, Examples: Accidental drowning; Struck by railway train can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory Always qualify all not be

4	Fxact
CORD	EXACTLY, I ly classified ficate.
MANENT	uld be stated hay be proper back of certi
IS IS A PER	ed. ACE shorts so that it materials on structions on
IG INKTHI	efuily suppli- in plain term tant, See ins
H UNFADIN	OF DEATH s very Impor
IN, WIT	formation sitate CAUSE
WRITE AIN, WITH UNFADING INKTHIS IS A PERMANENT CORD	Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	Ev Cl.

N. B

,	4	
2	ŝ	
Ø.	2	
	•	

	1487	4	
PLACE OF DEATH	1 1	STATE OF I	MARYLAND
County Ceel	(8)	CERTIFICATE	
invalventa en	ATE LIMITS OF THE	Registration I	Dist. No. 92
Village or City Eabler (No		St.:Ward)	(If death occurred in a hospital or institu-
2FULL NAME Soly	Sayton	***************************************	atsad of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	CAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	Dac 24	(Day) (Year)
6 DATE OF BIRTH	room y		ended the deceased from
(Month) (Day) (Year)	that I last saw h	alive on	, 192,
7 AGE If LESS the l day hor min	s. The CAUSE OF DEA	erred on the date stated ATH * was as follows:	abovs, atm,
yrsmosds. ormin occupation (a) Trade, profession or particular kind of work		Cellone	
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory	(Duration)	yısds.
9 BIRTHPLACE (State or country)	Secondary	(Duration)	yrsmosde,
10 NAME OF FATHER	(Signed)	H me Kun (Address) Elle	M.D.
OF FATHER (State or country)		Disease Causing Death, state (1) Means of In	or, in deaths from jury and (2) Whether
of Mother Laura Klukicary		ESIDENCE (For Hospit	tals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Suma	At place of deathyrs	mosds. In the	eyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of de	ath?	••••••••••••••••••••••••••••••••••••••
(Informant) Is offital Record	Former or usual residence		DATE OF BURIAL
(Address) Elhlor Md.	19 PLACE OF BURI	L'II MA	Der 26, 1930
15 Filed El 26 19230 & Bauri Froy	20 UNDERTAKER	1	ADDRESS

(Approved by U. S. Census and American Public Health Association.)

Spinner, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Form loborer, Loborer—Cool mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (to or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesmon. (b) Compositor, For persons who have no occupation (b) Automobile foctory. The material The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature idanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart lanure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by roilway trointaken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc., Never report mere symptoms or terminal condi-"Heart failure," "Haemorrhage, Chronic Carcinoma, Sarcoma, etc., of etc. The contributory valvular heart not be

B.--Every Item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be proposly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

S. No. 1

2

PLACE OF DEATH	01549 STATE OF MARYLAND
County Colin	CERTIFICATE OF DEATH
County	Registration Dist. No. 95 93
Ide But mas	A CE AD LEGIS DIDLE & Commence of the commence
Village or City King Sallio	St.: Ward) (If death occurred in a hospital or institu-
h. D.	tion, give its NAME is a
2FULL NAME Many / Nearhoro	number.)
PERSONAL AND STATISTICAL PARTICULARS	MIDICAL CERTIFICATE OF DEATH
3 SEX /. 4 COLOR OF RACE 5 SINGLE.	
MARRIED, WIDOWED.	16 DATE OF DEATH FLED 19 1980
Ten White OR DIVORCED (Write the word) mag On	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
10,000	Jan 29, 1930 to Feb. 19, 1930.
(Month) (Day) (Year	that I last saw her alive on tel 19 1930.
7 AGE (Cal)	and that death occurred on the date stated above, at
V & I I day	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	milial Regugalation
8 OCCUPATION (a) Trade, prefession or	of the healt with
particular kind of work Thurseuv	Who a sometime to
(b) General nature of industry	Not for the second
Business, or establishment in which employed (r (employer)	(Duration) 3 yrs mrs ds.
9 BIRTHPLACE	Contributory hone
(State or country)	Secondary
1 10 NAME OF	Duration) yes mos de.
FATHER Mark by Mean of and and	(Signed) M. D.
0 11 BIRTHPLACE	Feb- 20, 1936 (Address) Worth Gall. Md
OF FATHER Z (State or country) Ind	*State the Disease Causing l'eath, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether
E 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Com Rung	18 LENGTH OF RESIDENCE (For Lospitals, Institutions, Trans-
13 DIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or country)	of deathyismosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
1 1 10	Former or
(informant) Mr frank Underson	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
13 Police head	Of State of Board or Removal
(Address) Copilor Milos	New Leeds Mid feb 22, 1730
15 File 2-28 19231-7 +	23 UNDERTAKER ADDRESS
Land mon onhwalth Registral	Celyde E. Mason afferd la
Dener It more banks of needed, Thispes toppic wayar	, 16 V. Saratoga St., Balto., Requesting V. S. No. 1.
The state of the s	

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Greery; (a) Foreman, (b) Automobile factory. The material business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, guged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Housetaborer. Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As example: : additional line is provided for the latter statement nature of the business or indistry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architeet, Locomotive engineer, Civil engineer, Stationary fireman, at. But in many the first line will be sufficient, c g. . Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup", Typhoid fever (never report "Typhoid Pneumonia"; Lobar procumonia Bronchopneumonia "Pneumonia".

American Medical Association.) "PUERPERAL seplicaemia," "PUERPERAL perilonitis," approved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptominges, perilonaeum, etc., Carcinoma, Sarcoma,, ctc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory as fracture of skull, and consequences (e.g., selsis, carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICITAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train "Uraemia," "Weakness," etc., when a definite disease Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condivalvular heart disease; etc. The contributory

answered in detail, it will prevent further correspondence. L. the data is essential and must be obtained before the cartificate is permanently filed.

	PLACE OF DEATH	14875 STATE OF MARY
	County leed	CERTIFICATE OF
	7 . 1 .	Registration Dist. No.
aro	Village or Contracting (No.	St.: Ward) (If d. a hos tion, stend
	² FULL NAME // WELLINGE S. XIC	numb
0	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
200	Married Widowed OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH Dec 30
110 0110	6 DATE OF BIRTH (Month) (Day) (Year)	(Month) (Day) 17 I HEREBY CERTIFY, That I attended t 28 1924 to Dec 2 that I last saw h alive on
TISH NOTE	7 AGE 67 yrs. 6 mos. 12 ds. or min.?	and that death occurred on the date stated above, a The CAUSE OF DEATH * was as follows:
mpolitalli, see a	b DCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry usiness, or establishment in	Certral apoplexy
	9 BIRTHPLACE (State or country) Many Cound	Contributory Secondary
6 6 6	10 NAME OF PRACTICE Scorborough	(Signed) Herbert Cales (Address) Elles
	OF FATHER (State or country) Mary local 12 MAIDEN NAME 7	*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.
	OF MOTHER MANY TREES	18 LENGTH OF RESIDENCE (For Hospitals, Incients or Recent Residents)
	OF MOTHER (State or Country) Messy land	At place In the of deathyrsmosds, Stateyrs
	(Informant) MAS MI G SCOVEROUGH	Where was disease contracted, if not at place of dea.h?
	(Address) Eldin, Md ROS-	Masps Cuntery san
	Filed Jan 2021 Ja Ment Restard	20 UNDESTAKEN Cleuratty Ech
	If more bianks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) Ward)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Dec 30, 1930
(Month) (Day) (Year)
I HEREBY CERTIFY, That I attended the deceased fro
that I last saw h alive on 29, 1923
and that death occurred on the date stated above, at / O The CAUSE OF DEATH * was as follows:
Cerebral apoplexy
(Duration)mos
Contributory
(Signed) Herbert Pales M.
1/1 (Address) Setlon Ind
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of deathyrsmosds, In the Stateyrsmos
Where was disease contracted, if not at place of dea.h?
Former of usual residence
Mapps Centery Jan 3, 193.
20 UNDERTAKER COLFINA RUS

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at bome, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (testate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on

Statement of Cause of Death—Name, first, the bis: EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the 'tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-atic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all " Uraemia, (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease Chronic valvular heart disease; etc. The contributory

1PLACE OF DEATH	STATE OF MARYLAND
County Clark	CERTIFICATE OF DEATH
County	Registration Dist. No. 94
Village or City worth East (No	(16 d and 1 d a
2FULL NAME Still born	St.: Ward) St.: Ward) (Ir dearn occurred in the stead of institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCES OR (Write the word)	16 DATE OF DEATH Dec. 12, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	176 I HEREBY CERTIFY, That I atended the deceased from
Dec 12, 1930	Dec 12 1930 to Nec 12, 1930
(Month) (Day) (Year) 7 AGE [If LESS than	that I last saw have sline on the first in the same sline on the same sline of the s
yrads. ormin.?	
BOCCUPATION	Accident of Chiedherile
(a) Trade, profession or particular kind of work	(Intrumental delivery)
(b) General nature of industry business, or establishment in	(Duration) yrs. mos ds.
which employed or (eniployer)	Contributory
9 BIRTHPLACE (State or country)	Secondary Dustion Sylve I mos de.
10 NAME OF Clarence Scarborous	(Signed) M. D.
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER (M) eaver	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Clarine Scarbowigh	Former or usual residence
(Address) horth East had	matte Each had Duly 1930
15 Filed/2-17-30 192 to W. Ourses Registras	20 UN DERTAKER ADDRESS North East had
If more blanks are needed, address State Registral	r, 15 W. Salatoga St., Balto., Requesting V. S. No. 1.

N. B.

(Approved by U. S. Census and American Public Health Association.)

laborer, sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., worked on inay form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (recor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Serrant Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons en-Physician, Compositor, Architect, Locomotive engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many -Coal minc, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same alterpted term for the same disease. Examples: Cerebropinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Puerperal septicacmia," "Puerperal peritonitis," etc. "Inanition," "Heart taums," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-(secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic Example: Measles (disease etc. The contributory affection need valvular heart Nomenclature not disease;

N B.-- Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CORD > WRITE PERINCT, WITH UNFADING INK---THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

Exact	PLACE OF DEATH County Cleil	05445 STATE OF MARYLAND CERTIFICATE OF DEATH
.peq.	9.0	Registration Dist. No.
cate.	Village or City Childs Md (No. 77	St.: Ward) (If death occurred in a hospital ar institution, give its NAME irstend of street and
	2FULL NAME Nerry J. Sch	ueller number.)
properly of certifi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ay be pr back of	Males white Single, Married, Married, Wildower (Write the word)	16 DATE OF DEATH 24, 1980
t it ma	B DATE OF BIRTH April 13, 1855	that last saw how alive on may 24, 1980.
tha	(Nonth) (Day) (Year)	and that death occured on the date stated above, at 10 Pe.m.
ms so instru	15 yrs. 1 mos. 1 ds. or min.?	The CAUSE OF DEATH * was as follows: Broncho Pneumonia
See	(a) Trade, profession or particular kind of work	
in pla	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs
EATH	9 BIRTHPLACE (State or country) Jermany	Contributory Secondary Oslima (Duration) 20 yrs. mos. ds.
OF D s very	10 NAME OF FATHER W Information	(Signed) Cotta F. Miller M. D. Anay 25, 1950 (Address) north East. Und.
AUSE	OF FATHER (State or country) W Suformation	*State the Discase Causing Death, or, in deaths from Violent Causs, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
PAT	of MOTHER no Jufornellon	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
sta	OF MOTHER WD Information	At place In the State yrs mos ds.
ould of 0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
S shoment	(Informant Miss Venine Schuckler	19 PLACE OF BURIAL OR REMOVAL A PATE OF BURIAL
CIAN	(Address) bulks md. Ro	Silverbrook Queley Vil. May 78, 1030
	Filed May 26 19230 Thousan Strayer	a. J. Wemathy Elklow Ma
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," et ., wir-lahorer, Farm lahorer, Spinner, (b) Colton mill; (a) Salesman. (b) Grucery. (a) Foreman, (b) Automobile factory. The material business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary framan, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day rarm laborer, Luborer—Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

BUREAU

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely discases resulting from childbirth or miscarriage as "PUERPERAL seplicacmia," "PUERPERAL peritonitis," elc. "Inanition," "Weakness," etc., when a definite disease "Inanition," "Heart Janus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measter; inges, perilonaeum, etc., Carcinoma, Sorcoma,, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Aecidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), by Committee on Nomenclature of the cough; Chronic etc. The contributory vatvular heart disease; not be

No. 1

V. S.

× 3

PLACE OF DEATH	06625 STATE OF MARYLAND CERTIFICATE OF DEATH
Count acco	Registration Dist. No.
Village or City (No. Mucou	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR BACE 5 SINGLE, MARRIED WIDOWES OR DIVORCED (Write the word)	16 DATE OF DEATH Jule 14, 1930
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I oftended the deceased from 1920 to Sure (4, 1920, that I last saw h alive on A.Y., 1927,
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at ()
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (state or country)	Contributory Secondary
10 NAME OF Sathaniel C. Scotlew	(Signed) (Address) Seller M. D.
OF FATHER (State or country) 12 MAIDEN NAME	*State the lis ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Balling Md.	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted.
(Informant) RESPONDENCE OF MY KNOWLEDGE (Address) SEMANTON MA	Former or usual residence
Filed 1812 16 192 30 Sauch Registral Registral If more b-anks are needed, address that hygistys	2D UNDERTAKED ADDRESS ADDRES

0000

1



(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocer," etc., without more previous arranged mine, etc. Wom-laborer, Parm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed g ged in domestic service for wages, as Servard, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Paysician, Compositor, Architect, report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is loss definite; avoid or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory Nomenclature of the " etc.

V. S. No. 1

PLACE OF DEATH	6348 STATE OF MARYLAND			
County L	CERTIFICATE OF DEATH			
	Registration Dist. No. 92			
Village or City Celebra B (No	St.: Ward) (If death occurred in			
2FULL NAME Sebreld (Slu	tion, give its NAME is stead of street and number.)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 , 193)			
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 192			
(Month) (Day (Year)	that I last saw halive on, 192,			
7 AGE If LESS than I day hrs. or omin.?	and that death occurred on the date stated above, at			
8 OCCUPATION (a) Trade, profession or particular kind of work	Shel Bull-alm & hunther			
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yts,mosds.			
9 BIRTHPLACE (State or country)	Contributory Secondary			
10 NAME OF Julie G. Solvald	(Signed) W. D.			
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
OF MOTHER Warring Verrende	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-			
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place In the of deathyrsmosds.			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?			
(Informant)	Former or usual residence			
(Address) Lune Cut	On Arenises Jan 21, 1930			
Filed for 22 1920 1 Dank Baye Registrar	20 UNDERTAKER ADDRESS			
If more banks are needed, addres State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.			

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housefulness of various pursuits can be known. The queswork, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Ethaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephritis, etc. The contributory

CORD

Ö	IS
MARGIN RESERVED FC	WITH UNFADING INKTHIS IS
1	
2	

WRITE

V. S. No. 1

PLAC County	E OF DEATH			12347		OF MARYLA	
ha		••••••		80		ration Dist. No.	94
	y Elkton ULL NAME Char	(No	 Sentm	an,	St.:	(16.1)	ts NAME
PERSC	NAL AND STATIST	CAL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH			
s sex Male	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	Single	16 DATE OF DEATH			192 3
6 DATE OF BI	February (Month)	18th,,	1 <u>930</u> (Year)	,	Y CERTIFY, Tha	Day) It lattended the de Oct. 1st,	
7 AGE	yrs. 7	13	LESS than day hrs.	and that death occu	rred on the date		11.25
9 BIRTHPLAC (State or c	ountry) Cecil Count	у	•	Contributory Secondary	Teethir	18	nos,
10 NAME FATHER	John M	Sentin	vau	(Signed) . Oct. 2nd 192	3QAddress) F	Rugert Akton Nd.	M.
OF FAT (State of State of Stat	or country) Vela	work		-		Death, or, in dea of lnjury and (2)	ths from Whether
OF MOT 0 13 BIRTHE OF MOT	PLACE	19 mille	en	16 LENGTH OF RE ients or Recent R. At place of death yrs	esidents) mosds.	In the State yrs	ions, Tran
(Informan	C 2	Sentre	GE au	Where was disease con if not at place of des Former or usual residence	tracted,	DATE OF	BURIAL
(Add	dress) Ultvu	muls	royer	Head Chris 20 UNDERTAKER 24 W	tiana Cevie	1 /	193
	If more branks are		,	, 16 W. Saratoga St.,	Balto. Requestir	ng V. S. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been charged to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material first line will be sufficient, e.g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Whooping cough; American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-Chronic valvular heart disease; etc. The contributory affection need not be

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully emadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerehrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may he stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature of the Chronic affection etc. The contributory valvular heart need not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4. S. No. 1

8 Z V

PLACE OF DEATH	12348 STATE OF MARYLAND
County Calcil	GERTIFICATE OF DEATH
September 1997	Registration Dist. No.
Village or City Noth East (No. 2 -)	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Married OR DIVORCED (Write the word)	16 DATE OF DEATH LET 1, 1930 (Month) (Day) (Year) 17. I HEREBY CERTIFY, That I attended the deceased from
Month) (Day) (Year)	October 11-130 to October 11 130, that I last saw her alive on ord 11 . 130.
7 AGE [If LESS than	and that death occured on the date stated above, at
59 yrs. 10 mos. 29 ds. or min.? 8 OCCUPATION (a) Trade, profession or	The CAUSE OF DEATH * was as follows:
Particular kind of work	
(b) General nature of industry pusiness, or establishment in Which employed or (employer)	Contributory Alixania Perendenal
9 BIRTHPLACE (Ntate or country)	moraulitie (Duranon) 2 vie mos de
10 NAME OF Savine Walkert	(Signed) Janot Hysenwold M. D.
OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER COMME & Brooks	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yis mos. ds. In the State yrs mos. ds. Where was disease contracted,
(Informant) Miss, Museul Phallers	if not at place of death? Former or usual residence
(Address) Novel Elsel, md.	71.8 M. E. Cemetery Oct 15 . 1.30
15 Filed/0-13-30192 Les W. Queens Registras	OR. Chart Morth East, Ma
If more blanks are needed, address State Registrar	W. Saratoga St., Balto., Requesting V. S. No. 1.

12348

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-Spinner, cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremon, etc. But in many Physician, Compositor, Architect, Locomotive engineer tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekvepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enetc., Foreman, For many occupations a single word or term on Farm loborer, (b) Cotton mill; (a) Salesman. without more precise specification as For persons who have no occupation 6 Automobile factory. The Laborer-Coal mine, etc. (6) The quesmaterial Grocery; Wom-

Stateme t of Can e of Death—Name, first, the disease Cau "The distance of Death—Name, first, the disease Cau "The distance of the same accepted term for the same of the same

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease (clumus) may be stated under the head of "contributory" "PUERPERAL septicaemia," "PUERPERAL peritonitis, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Wakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcseles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide: Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railwoy traintaken. For violent deaths state means of injury American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions analyses did a second and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Cecil	06626 STATE OF MARYLAND CERTIFICATE OF DEATH
A COMPONAT	Registration Dist. No. 92
Village or City & Ilblon (No. 2	Ward) (If death occurred in a hospital or institution, give Its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	that I last saw h for alive on Joseph 1. 192. 2
7 AGE 64 yrs. 6 mos. 14 ds. or min.?	and that death ecourred on the date stated above, at 9 m The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Dilateta mos / ds
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) 7
10 NAME OF FATHER No Record	(Signed) 192 (Address) 2 1 2 24
OF FATHER Z (State or country) no Record	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) W Record	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferna or Recent Residents) At place of death 1 yrs
(Informant) M. A. Harry Junes	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed June 13 1930 James Days Registral	Joseph R Grant holl East hed
If more banks are needed, address State Registrat	16 W. Sarayoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary Arcman, etc. But in many fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook, to report specifically the occupations of persons enployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en, at home, who are engaged in the duties of the laborer, worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (o) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative healthfirst line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The Laborer--Coal mine, etc. materia Grocery;

Statement of Cause of Death—Name, first, the pisser in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherio (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, peritonueum, etc., Curcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Meastes; approved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably smicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) (secondary or intercurrent) Chronic interstitical nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart discose; affection need etc. The contributory not be death

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Village or City Perry Point (No(No	Registration Dist. No. 96
Village or City (No (No SHAW, Paul B.	St: Ward) (If death occurred in a hospital or institution, give its NAME In stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATHOWERDER 24, 192 (Month) (Day) (Year)
6 DATE OF BIRTH Nay 9	17 Sept. I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw h alive on 192 3:40 pt
JAGE John Mos. John	and that death occurred on the date stated above, at
which employed or (employer) 9 BIRTHPLACE (State or country) Pair bluff, N. C.	Contributory Secondary 1928 (Durstion) 1 11 9 (Durstion) (Durstion) (Durstion) (Durstion) (Durstion)
10 NAME OF FATHER W. N. Shaw	(Signed) F.R. LISLIE, Med. Officer in Charge M. D. Nov. 25, 1930 (Address) Perry Point, Md.
OF FATHER North Carolina (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country) North Carolina	ients or Recent Residents) At place 1 2 14 In the 1 2 14 of death yrs mos ds. State yrs mos de Unico va
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) HOS pi tal Records	if not at place of death? Cypress St., Valdosta, Ca. Former or usual residence
(Address) Perry Point, Md.	Undert ker: John Sineath, Valdosta, Georgia, 19
Filed Nov. 25, 1920 Charles C. Morrison	1. Madissor Matchell

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more record anne, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Foreman, (b) For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Grocery; sman, (b) Automobilc factory. The material Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; etc. The contributory affection need not be Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

1	OL.
1	M
1	BEST .
-	1
	A

PLACE OF DEATH

County	CECIL

STATE OF MARYLAND CERTIFICATE OF DEATH

		. 0,		_ \	~ .	-/ 1 1	
2	-~	i.+	tion	Die	N.	96	

Vil		JLL NAMESHER			1nt, Maryland St.: Ward) a hospital or institution, give its NAME It stead of street and number.)
	PERSO	NAL AND STATIST	ICAL PARTICU	ILARS	MEDICAL CERTIFICATE OF DEATH
3 5	Male	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)		16 DATE OF DEATH , 192 , 1930(Year)
6 DATE OF BIRTH May 17 , 1 895 (Month) (Day) (Year)					17 I HEREBY CERTIFY, That I attended the deceased from February 21, 1930 to December 12, 1930 that I last saw h 1m alive on December 12, 1930
	CCUPATIO	35 yrs. 6			The CAUSE OF DEATH * was as follows:
P.	usinces, or	New York, OF John Sher:			Unknown Laryngitis, Chronic, Tuberculous Contributor, Dementia Praccox, Hebephrenic Ty Laryngitis, 9 months Ourstic D. P. Unknown d. (Signed) F. E. LESLIE, Medical Officer in Charge. Dec. 12, 1930 (Address) Ferry Point, Mary land.
PARENTS	OF FATI (State of 12 MAIDER OF MOT	or country) UI	nknown		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
	13 BIRTHF OF MOT (State o	LACE	nknown		At place of deathyrs9mos. 21_ds. In theyrs9mos_21_ds.
	(Informan	t) Hospital R lrees) U.S.V.H.,	ecords,		Where was disease contracted, if not at place of deah? Unknown Former or usual residence 43 Cooper Street, Long Island, N. Y. 19 PLACE OF BURIAL OR REMOVAL P. Charles Murphy, Undertaker, 337 E. 188th St., Bronx, N. Dec. 15, 1930 20 UNDERTAKER R. Madison Mitchell Hayrey de Grace, Md.

If more branks are needed, address thate Registrar 15 W. Saratoga St., Balto, Requesting V. S. No. 1.

V. S. No. 1

WRITE

m

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more precise specimeation as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from nature of the husiness or industry, and therefore an gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day But in many

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death or as probably such, if impossible to determine definitely. stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory. carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorthage, "Inamition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Conyulsions, FOR WIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1931

	PLACE	OF DEAT	н		
C	ounty (red	:		74-
Villa	ge or CA	eorphia	sant de	Usno.	Shor
	PERSON	AL AND S	STATISTICA	L PARTIC	ULARS
3 SE	× elu	4 COLOR	OIL KAGE	MARRIED // WIDOWED. // OR DIVORCE Write the wor	dower
6 DA	TE OF BIR	тн	Merch (Month)	(Day)	, 1 \$40 (Year)
7 AC)E				If LESS than
		85 yrs	2 m	08. 21	dayhr
(b bu) General n	ountry) M	lustry t in oyer)	i d	
	10 NAME (F Fran	ceis &	kort	
ENTS	OF FATI (State of	or country	oryl	and,	
PAR	OF MOT	HER W	ronnu	ta Sho	mas
	OF MOT (State			Man	
14	THE ABOVE	home	Reliee	OF MY KNOW	VLEDGE
	(Informan	N. T. C.	, , , ,		NV MAN

15446 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME is-stead of street and number.) Ward) St.:

NAME	
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
color or race 5 SINGLE, MARRIED WIDOWED. Word OR DIVORCED (Write the word)	16 DATE OF DEATH Month (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
Merch 6, 1845 (Month) (Day) (Year)	may 21, 1930 to may 27, 1930. that last saw ham elive on may 26, 1930, end that death occured on the date sleted above, at 812 A.m.
85 yrs. 2 mos. 21 ds or min.?	The CAUSE OF DEATH * was as follows:
ession of Relixed	
blishment in or (employer)	Contributory Paralyses of left and
Francis Short	(Signed) letter Flueller ". M. D. M.
ountr Mary land,	*State the Disease Causing Death, or, in deaths from Violent Causs, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
R apominta Thomas	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place
Recountry) Mory Laut.	Where was disease contracted, if not at place of deeth?
mo Relieve Sherman 6) Elston, ma R.O. 4	Former or usual residence. To PLACE OF BURIAL OR REMOVAL CREATER REMOVAL May 3/54, 30
129 1920 Shouls have	J. D. alemathy Elsen mid
If more banks are needed, address State Registra	r, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

f. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Mever return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Plonter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write Nonc. household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on Cotton mill; (a) Salesman. (b) Grocery; (b) Automobile factory. The material who are engaged in the duties of the For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia. Bronchopneumonia ("Pneumonia.")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease letunus) may be stated under the head of "eontributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Caneer" is less definite; avoid approved (Recommendations on statement of cause of death as fracture of skull, and eonsequences (e.g., sepsis, carbolic acid-probably surcide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. ean be ascertained as the cause. Always qualify all eausing (secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), by Committee on cough; or intercurrent) Chronic etc. The contributory affection need valvular heart Nomenclature of the disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the dith is essential and must be obtained before the certificate is permanently filed.

R

PLACE OF DEATH County Coul	10311 STATE OF MARYLAND CERTIFICATE OF DEATH
Soul BA	Registration Dist. No. 72
Village or City Electron (No	St: Ward) Stort (If death occurred in a hospitual or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH Dec ZJ, 1848 (Month) (Day) (Year)	that Plast saw handlive on 192.6.
8 / yrs. 8 mos. 19 ds. or min.?	11 12
(a) Trade, profession or Brigg maron (retire)	Elmone miggrandlis
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) ? yre
9 BIRTHPLACE (State or country) Manyland	Contributory Secondary (Daration) yrs
10 NAME OF Elijah Short	(Signed) M. I.
of FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Elizabeth Thomas	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trun
13 BIRTHPLACE OF MOTHER (State or Country) Oranglaces	At place of death
(Informant) The Sallie Forace	it not at place of dea h? Former or usual residence
(Informant) Mr. Sallie Horacel (Address) Elkton. Fred	19 PLACE OF BURIAL OR REMOVAL Saft 19, 192
15 Filed Leg / 19 1990 Ju Bank Praye,	20 UNDERTAKER 24 W. Piffin Elkton M.
If more banks are needed, addre.s Ltate kegistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

S. No. 1

m

ż

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coul mine, etc. Womworked on may form part of the second statement.

Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective ch fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomolive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise. se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dimhleria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), st.ted unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaomia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E haustion," "Heart failure," "I'acmorrhage,"
"Inanition," "Marasmus," "Old Agc," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telinus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondar or intercurrent) Chronic interstitial nephritis, Whooping cough; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic affection need not be valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

WRITE

N. 8.-

V. S. No. 1

7		PHYSI-
V	Ò	Y. PH
	ORD	GACTL
	C	ted E
	7	sta

PLACE OF DEATH	10312 STATE OF MARYLAND
County Leal	CERTIFICATE OF DEATH
EINT WITHIN SORFORATE	Registration Dist. No. 92
Village or City Uttor (No	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME James 2. Sh	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single. (Wito the word)	18 DATE OF DEATH Sept 4, 1996 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
June 6, 1853	1990 to 196,
(Month) (Day) (Year)	that I lest saw han alive on 1990,
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
yrsmosds. ormin.?	
B DCCUPATION (a) Trade, profession or A	Carcenome of Stowach
particular kind of work A ay Ravorec	
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrsds.
9 BIRTHPLACE (State or country)	Contributory Secondery
1 10 NAME OF T	(Duretion) yrs mos ds.
FATHER Franklin Dhort	(Signed) Rector Wel
M 11 BIRTHPLACE OF FATHER DA	(Address)
(State or country) Waryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER arificula house	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Mary land	At place of deathyrsmosds. In the Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was diseese contracted, if not at place of dea.h?
2 St 2 4	Former or usuel residence
(Informant) four to the second file	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Elkton Cemetery Seft 7, 1030
15 Filed Suht 6 19230 + Saun frage	20 UNDERTAKER ADDRESS
Filed Sign 0 1929 Multiple Registry	H W. Tippin aktow his

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er,' etc., without laborer, Laborer—Coat man, laborer, Farm laborer, Laborer—Coat men, who are engaged in the duties of the nath home, who are engaged in the duties of the laborer. House, who receive a should be used only when needed. As examples: (a) fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospindl fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary Never report mere symptoms or terminal condiperilonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid or intercurrent) Chronic etc. The contributory affection need not be valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CORD Y, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE V. S. No. 1

96	PLACE OF DEATH	06627 STATE OF MARYLAND
Ĭ	County Coal	© CERTIFICATE OF DEATH
	ENII-	Registration Dist. No. 92
ficate.	Village or City Olklow (No	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
back of ce	Male White by the wind wer	16 DATE OF DEATH June 274, 1930 (Month) (Day) (Year)
E c	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
ionso	May 13, 1886 (Month) (Day) (Year)	that I last saw half shire on 6/21, 1924
ns so tha	7 AGE 45 yrsmosds. If LESS that dayhrs. ormin.	s. The AUSE OF DEATH * was as follows:
See i	8. OCCUPATION (a) Trade, profession or particular kind of work (b) Constant (c)	acute Delatation of
tant	(b) General nature of industry business, or establishment in which employed or (employer)	The Hear Euration) yrs mos ds.
impol	9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos da
s very	10 NAME OF FATHER OMES Short	(Signed) STAND D.
TION	OF FATAER (State or country) 12 MAIDEN NAME	Violat Causes, state 1) Means of Injury and (2) Whether Agricultural, American Commenced and Commenc
D A	of MOTHER Com Dicheon 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OCCO	OF MOTHER (State or Country)	At place of death
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	where was disease contracted, if not at place of death?
men	(Informant) Emma Moore	usual residence
statement of	(Address)	Elhton benetury June 30, 1930
0	Filed une 28 19230 Maces Frags	20 UNDERTAKER, ADDRESS W. W. Peffein Elblon Md.
	If more banks are needed, address State Registr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on ç yrs). Farm laborer, Laborer-Coal mine, etc. Wom-At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephrilis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronicetc. valvular heart disease; The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

- 1	1	110048
	PLACE OF DEATH	STATE OF MARYLAND
-		CERTIFICATE OF DEATH
	County	(151) CLIVITICATE OF BERTH
		Registration Dist. No.
	h Al Each	St. Word) (If death occurred in
	Village or City / Will (No	St.: Ward) a hospital or institu- tion, give its NAME in-
	8 t	tead of street and
	2FULL NAME X OMULL VIIIO	Clevilly number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WY 1	16 DATE OF DEATH
	OR DIVORCED OR DIVORCED	year 8, 1980
	Male (Write the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Dattended the deceased from
	10. 15- , 94	Leky 1 of 1929 to June 15, 1930
	Sec. 13, 18 70	that i last saw hamplive on Julye 15, 1930
	(Month) (Day) (Year)	0200
	7 AGE [If LESS than	and that death occurred on the date stated above, atm.
	QQ /ldayhrs.	The CAUSE OF DEATH * was as follows:
	0 / yra. omos. ds. or min.?	9 9 4 1
	OCCUPATION	Spection of gett and
3	(a) Trade, profession or Livery business	0.00
	(b) General nature of industry	
1	business, or establishment in (/ 0 / 1 / 0 /)	(Duration) Just Samos da
h	which employed or (employer)	Contributory Serile Gangrene
	9 BIRTHPLACE	Secondary
	(State or country)	Duration yrs. S. mos. de.
	10 NAME OF OO	(Signed) M. D.
	FATHER Drames Shuttle worth	7 113 7.50 8. A ml
	M 11 BIRTHPLAGE	June (0.1930 (Address)
	L OF FATHER	*State the Piscase Causing Death, or, In deaths from
		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	T 12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	a Cours	ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place of death yrs mos ds. In the State yrs ds.
	(State or Country)	Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	10	Former, or
	(Informant) margaret with	usual residence
	106 1018	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) north Cast, Ma	mostly East Mit cently fund 16, 1931
	15 1 13 30 0- 1100	20 UNDERTAKER LA HODORESS
	15 Filed 6 - 17 - 30 Les W. Ches.	Decree B Klarusk mouth Cay my
	Registrar	Toleren of account
	If more banks are needed, addre.s Ltate Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs)... For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screaut, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed etc., Foreman, For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material single word or term on 6 Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Mcasles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of cough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

V. S. No. 1

N. W.

INKTHIS IS A PERMANENT CORD Ily supplied. ACE chould be stard EXACTLY, PHYSI-	SERVED FOR BINDING	BINDING		X
lly supplied. ACE should be stard EXACTLY, PHYSI-	INKTHIS IS A	PERMANENT	CORD	
	lly supplied. ACE	chould be stared	EXACTLY,	PHYSI.

1

PLACE OF DEATH County Cecil	04176 STATE OF CERTIFICATE	
Sounty English Country	Registration	Dist. No. 92
Village or City Ulton (No	Simuous	(If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. WIDOWED. (Write the word)	16 DATE OF DEATH Cofrice (Month)	3 , 1930 (Day) (Year)
SA 11 1923 (Nonth) (Day) (Year)	that I last saw here alive on after	ended the deceased from
(Nonth) (Day) (Year) 7 AGE 6 yrs. 6 mos. 23 ds. or min.	and that death occurred on the date stated. The CAUSE OF DEATH * was as follows:	11 1
B OCCUPATION (a) Trade, profession or Af School particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)	yis. mos 6 de
9 BIRTHPLACE (State or country) May laux 10 NAME OF FATHER Journey 24. Simulous	Secondary	yrs nos ds
State or country) 12 MAIDEN NAME 2/ 1/2 MAIDEN NAM	*State the l'is ase Causing Death, Violent Causes, state (1) Means of Ir Accidental, Suicidal or Homicidal.	or, in deaths from jury and (2) Whether
OF MOTHER Helda May Blackson 13 BIRTHPLACE OF MOTHER (State or Country) OF MOTHER (State or Country)	ients or Recent Residents) At place	
(Informant) The BEST OF MY KNOWLEDGE	where was disease contracted, if not at place of death? Former or usual residence	
	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Address) Elklore Zul	20 UNDERTAKER	ADDRESS

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. cupation is very important, so that the relative healthtired 6 yrs). laborer, Farm laborer, Laborer—Coal mine, etc. Won-en at home, who are engaged in the duties of the er," etc., Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits ean be known. The ques-Statement of Oceupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, tion applies to each and every report specifically the occupations of persons en-Foreman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Stationary fireman, etc. person, irrespective of Locomotive engineer, As examples: (a) But in many

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Freumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(E:haustion," "Heart failure," Liuemorinage, "Shock," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, eausing death), 29 ds.; Bronchopneumonia (secondary) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underean be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely s; mptom-(secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train. taken. FOR VIOLENT DEATHS State MEANS OF INJULY American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) for malignant neoplasms); Measles, Chronic etc. The contributory valvular heart disease; affection Nomenclature of the need not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

F	1	pHYSI- d. Exact
でする	SCORD	d EXACTLY
NDING	WRITE AIL Y, WITH UNFADING INK-THIS IS A PERMANENT SCORD	ould be state may be proper n back of cer
D FOR BII	IIS IS A PE	led. ACE shas so that it structions o
MARGIN RESERVED FOR BINDING	NG INKTH	refully suppl in plain term rtant. See in
MARGIN	H UNFADII	ce DEATH
1	AIN, WIT	state CAUSE
	WRITE	N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1		N. B

PLACE OF DEATH County Ceeil	(ib
Village or City Selflor (No. Chion)	Registration Dist. No. Hopital St.: Ward (If death occurred in a hospital or Institution, give its NAME Is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Aug. 14, 1936 (Month) (Day) (Year)
6 DATE OF BIRTH Aug. 4, 1920 (Month) (Day) (Year) 7 AGE (If LESS than	17 I HEREBY CERTIFY, That I attended the deceased from 192
ds. or Chin.? B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Ceril 6, had	Contributory Secondary (Duration) yrs
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	(Signed) (Address) Election (M. D. Address) Slatton (M. D. State the lisease Causing Death, or, in deaths from Violent Causes, state (I) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 15 16 17 18 18 18 18 18 18 18 18 18	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(Address) (Address) (Address)	Where was disease contracted, if not at place of dea.h? Former or usual residence
Filed Joy 15 12 Find Stants Junes	r. 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many or given up on account of the DISEASE CAUSING DEATH g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Locomotive engineer,

to time and causation), using always the same acceptspinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the Dis Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebro" EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> date is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence.

permanently filed.

Recommendations on statement of cause of death "telanus) may be stated under the head of "contributory." American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all If this certificate is looked over thoroughly and a'l questions "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronie valvular heart disease; Example: Measles (disease etc. The contributory Measles ;

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred inWard) a hospital or institu-tion, give its NAME in-stead of street and number.)

L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
White the word)	16 DATE OF DEATH
Jan 4, 1930 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192). to 754 4 7 1920, that I last saw h Assalive on 754 193 193 193 193 193 193 193 193 193 193
yrsds. If LESS than I dayhrs. ormin.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
ssion or of work re of industry	Route Courcline
or (employer)	Contributory Becondary
Walter & Simpers	(Signed) Jrs mos ds, (Signed) M. D.
ountry) md	*State the liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
many E. Stewart	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
untry) night	At place of death
Malty H way	if not at place of dea h? Former or usual residence
north cast RD md	with East M. C' Centy Dec ?, 19 3.
730 192 Level Occasion	Doseph R Gant Both East No
If more blanks are needed, address Ltate Registrar	, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Sulesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e:ch and every person, irrespective ci Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meninatis"); Dinhheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st..ted unless important. telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury. Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-(secondar) or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, (Recommendations on statement of cause of death "Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N 3

V. S. No. 1

PLACE OF DEATH County Beal	OSTATE OF MARYLAND CERTIFICATE OF DEATH
of the mil	Registration Dist. No.
Village or City Modelsof, (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Melle	Suffer and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, MARRIED, MIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Alonth) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Oct 21, 1866	that I last saw h Lyalive on May 35 5, 193.0,
(Month) (Day) (Year) 7 AGE If LESS than	and that death occurred on the date stated above, at 7, 3,8, m.
l day bre	The CAUSE OF DEATH * was as follows:
63 yrs. 7 mos. 9 ds. or min.?	
(a) Trade, profession or particular kind of work	I home myorardeles
(b) General nature of industry	<i>LL</i>
business, or establishment in which employed or (employer)	(Duration) yis. mos. de.
9 BIRTHPLACE (State or country)	Contributory Secondary Secondary
10 NAME OF FATHER QUE DI Que	(Signed) June Julium Julium M. D.
on 11 BIRTHPLACE	(Address) Colyven 2014
Z (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrsnosds. Stateyrsnosds.
(State or Country). 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
1 0 1	Former or usual residence.
(Informant) & Frank Simpus	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) North East Md	north Cay My. & Cemety June 3, 19 3 5
15 Filed 6 - 3 - 30 192 Hall. Quices Registras	Joseph R Leanh with Carehy
If more blanks are needed, address tate Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. businesse that fact may be indicated thus; Farmer (no or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Stationary fireman, etc. But in many

Strtement of Cause of Death—Name, first, the Disease Coursing Death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever-(the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. can be ascertained as the cause. Always qualify all "E:haustion," "Heart failure," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	PLACE OF DEATH County Ceal	04177 STATE OF MARYLAND CERTIFICATE OF DEATH
,	illage or City Rowlandulle and	Registration Dist. No. / St.: Ward) (If death occurred in hospital or institu-
X	2FULL NAME Pauline Siste	St.: Ward) a hospital or institu- tion, give its NAME is - atend of street and number.)
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
13	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Soul 26, 1990 (Year)
6	(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 192 192 192 192 2 6 1923 0
7	yrs. mos. ds. or min.?	and that death occurred on the date stated above, at
TO O	OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yrs. mos 3 ds.
9	BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos ds,
	10 NAME OF FATHER State 11 BIRTHPLAGE	(Signed)) A Green M.D. (Signed)) A Brown M.D.
	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother Cow Reedy	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
1.	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	(Informant Athur Lisk	usual residence
	(Address) Bowlandville Ind.	West nothingham of Bril 27, 80
1	File Apr 26 1936 a Manifernation	20 UNDERTAKER YASTORESS Hisinglunde
	If more blenke are needed; dudge a Star Registrar	r, 16 W. Saretoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precured mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But.in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." "Inanition, "Debility" ("Congenital," "Senile," etc.), "Drcpry, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature of the " "Marasmus, " "Old Age, " "Shock," Chronic Carcinoma, Sarcoma, etc., of etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH	07918 STATE OF MARYLAND
	County County	CERTIFICATE OF DEATH
	C. DO.	Registration Dist. No. 92
	Village or City (No. (No.	Ward) a hospital or institu-
	2FULL NAME Was Chypulush	tion, give Its NAME is - stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Manth) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 1930. to 1930. that last saw h Malive on Maliy 27, 1930.
	7 AGE If LESS than	and that death occurred on the date stated above, at 1 1 210 Ccm.
	JV yrs. mos. 29 ds. or min.?	The CAUSE OF DEATH * was as follows:
	8 OCCUPATION (a) Trade, profession or particular kind of work	Vente Wilalahin y Heart
1	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos de.
	9 BIRTHPLACE (State or country) Pull to had	Secondary for intering filtrools custor mos de
	10 NAME OF FATHER POSEPHIN VISITOR	(Signed) M. D. M. D. Quit M. D.
	II BIRTHPLACE OF FAYHER (State or country) II MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Way	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmofds. Where was disease contracted, \$\int 100, \lambda 0.4 \rangle 1.5 \rangl
	14 THE ABOVE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
	(Information of bourse similar,	Former or usual residence Charles Char
	(Address fearlastown, Mil.	Luxus town Cempul 3/1930
	Filed John 30 192 John Buch Buch	Le G. Patterson Gerrifolle
	If more banks are needed, address tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., Without more process and mine, etc. Wom-leborer, Farm laborer, Laborer—Coal mine, etc. Womtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Collon mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to e:ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement.
Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-For many occupations a single word or term on who are engaged in the duties of the (b) Automobile factory. The material Architect, Locomolive engineer,

Statement of Cause of Death—Name, first/the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Inanition, atic), "Atrophy." "Collapse," "Com2," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Ilaemorrhage," st.ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondar or intercurrent) affection need not be Never report mere symptoms or terminal condiby Committee on Nomenclature " "Marasmus," "Old Age," "Shock," Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BULLAR

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Certil	CERTIFICATE OF DEATH
	Registration Dist. No. 90
Village or City Mean Mannuck (No.	St: Ward) a hospital or institu-
2FULL NAME Elvallell Front	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 8 . 1/ , 192 3 8
6 DATE OF BIRTH	(Month) (Day) (Year)
Olstoly II 15 (Day) (Year	that I last saw here alive on 1924
7 AGE If LESS than I day hrs. hrs. or min.	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work ———————————————————————————————————	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)ds.
9 BIRTHPLACE (Ntate or country) manyland	Secondary Decitory yrs mos
10 NAME OF FATHER 11 BIRTHPLACE LEarge Smith	(Signed) M. D. M. D. M. D. M. D.
OF FATHER (State or country) 12 MAIDEN NAME 1	*State the Disease Causing Death, or, and distance of Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Wilmia Presture	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or country) Marsland	At place of deathyrsmosds. In theyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence
(Informant) Milmina Smill	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) middle Turner Doll 15 Filed 8-22 19230 Olivan	ST angesten md angs 7941930. 20 UN DERTAKER ADDRESS
Registrar If more beanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

00100

del

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specification as Duy laborer, Farm loborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housennaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesmon. (b) Grocery, man, (b) Automobile foctory. The material

Statement of Cause of Death—Name, first, the DIS-EAND CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepeis, carbolic acid-probably suicidc. The nature of the injury. occident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy troinor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatio), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary (name origin; "Cancer" is less definite; avoid American Medical Association.) Never report mere symptoms or terminal condior intercurrent) Chronic valerular heart disease; etc. The contributory affection need not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

02 2

PLACE OF DEATH	STATE OF MARYLAND
Connty Cotto	Registration Dist. No.
2FULL PANECUSCH Q.	Whard (if death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1 A COLOR OR RACE MARRIED, WIDOWES OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH MCW 1, 1873	17 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year) 7 AGE [If LESS than	and that death occurred on the date stated above, at 026 m
yrsds. dayhrs. ormin.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	olden a.
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) More locations	Contributory (Contributory Works Socondary Works Socondary
10 NAME OF CLOSIS B Cale	(Signed) (Si
State or country) 12 MolDEN NAME 12 MolDEN NAME	*State the Disease Causing Death, or in deatha from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Way a Hasel	10 LENGTH OF RESIDENCE (For Biospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
(Informant) Cause to the BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h? Former or 203 Main Id. Newark Del. usual residence.
(Address) Mw ask Dd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 3C
15 File Luy 8 1922 Jo Bunk Registry	20 UNDERTAKER ADDRESS
If more banks are needed, address tate Kegistran	, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully emfulness of various pursuits can be known. The quesdefinite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to etch and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, (b) Automobile factory. The materic. For many occupations a single word or term on yrs). For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin, itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ('E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondar or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY by Committee on cough; Chronic valvular heart disease; etc. The contributory Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH
yń	lage or City El Soue (No.
	2FULL NAME Strues 200
	PERSONAL AND STATISTICAL PARTICULARS
3 \$	Oblored Single, MARRIED, Surgle WIDOWED, OR DIVORCED (Write the word)
6 0	PATE OF BIRTH
	March 12, 1867 (Month) (Day) (Year)
7 A	GE If LESS than I day hrs. mos. 30 ds. or min.?
Ap.	o) General nature of industry usiness, or establishment in which employed or (employer)
	(State or country)
	10 NAME OF FATHER
STN	11 BIRTHPLACE OF FATHER (State or country)
PARENTS	12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER
	13 BIRTHPLACE OF MOTHER (State or Country)
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	(Informant) Mary Froh
	(Address) / Jappe Mill
15	Filed apr /2 19230 - Bound Saux

04178 STA

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. ho. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

	MEDICAL CERTIFICATE OF DEATH
16 1	DATE OF DEATH 19230
	(Month) (Day) (Year)
17	I HEREBY CERTIFY, That I attended the deceased fro
	- 1/0
	1 last saw h Malive on Charles 1923
	that death occurred on the date stated above, at
The	CAUSE OF DEATH * was as follows:

•••••	Chrone Myorar Liles
	(Duration) vis. 0 mos.
	(Duration) yrs, O mos
•	Contributory
	(Duration) Processing
	tone Well of
(Sign	M. 1920 (Address)
	*State the lisuse Causing Death, or, in deaths from Vielent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
IB I	ENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
i	ents or Recent Residents)
At J	olace In the Stateyrsmosds. Stateyrsmos
Whe	ore was disease contracted, or at place of dea h?
ıf n	
Form	ner or I res.dence
Forn	
Forn	I res.dence
Formusus 19 F	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

V. S. No. 1

20

(Approved by U. S. Census and American Public Health Association.)

laborer, business, that fact may be indicated thus; Farmer (reshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 - yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, en at home, who are engaged in the duties of the Physician, whatever, write None. to report specifically the occupations of persons cnployed, as At school, or At home. Care should be taken Foreman, (b) Automobile factory. The materia. For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Stationary fireman, etc. But in many Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-EALT CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilicria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcastes, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia, "" "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "E::haustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (c. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) Chronic valvular heart disease; etc. The contributory affection need Nomenclature of the not be

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 221930 BURE 4 U V. 6.

74	
o	
Z	
σž	

PLACE OF DEATH	STATE OF MARYLAND
County Cocci	CERTIFICATE OF DEATH
Eller 11	Registration Dist. No. 92
2FULL NAME William	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH April 36, 1930 (Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw ham alive on 476, 1930
7 AGE [If LESS than	and that death occurred on the date stated above, at 10. A.m.
of parent of year I day hrs.	
BOCCUPATION (a) Trade, profession or particular kind of work	Troclured Herel and
(b) General nature of industry business, or establishment in	(Duration) via mos de
which employed or (employer)	Contributory allo assertent
(State or country)	Secondary OVEZ (Duration) 4 yrs mostzy de.
10 NAME OF FATHER	(Signed), Howard W. Green M.
OF FATHER (State or country)	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. Stateyrsmosds.
	Where was disease contracted, if not at place of dea.h?
	Former or usual residence
(Informant) (Informant) (Address) Elkton Inf	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Martins terry ones up 29, 1932
Filed you 128 1920 ft Maust June	H. W. Pippie Elkton Med
If more banks are needed, address tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process. To all mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> on highway, one mile west north East mid West north East mid

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Elkton A A A A A A A A A A A A A A A A A A A	02113STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 94
(No. (Within Corporate Limits) 2FULL NAME	(If death occurred in a hospital or institu- tion, give its NAME ir- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 7 5 5 7 192 6 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decaased from 1920 to 7 192 1 that I last saw h in the on 7 10 185, 1920.
7 AGE Prince If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, 3 mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yre most de.
10 NAME OF Strule Smell 11 BIRTHPLACE OF FATHER	(Signed) M. D. 192 (Address) M. D. *State the Piscase Causing Death, or, in deaths from
(State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Mul Bull nul	ients or Recent Residents) At place of deathyrsmos,ds. Where was disease contracted,
(Informant)	if not at place of death?
(Address) Els with	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 3/5 198 8 Roll. Cheeses	20 UNDERTAKER ADDRESS
If more bianks are needed, address State Registrar	. 16 W. Sarátoga St., Balto,, Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion amplies to each and every person, irrespective of Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (o) Solesman, nature of the business or industry, and therefore an whatever, write None. tired 6 yrs). business, that fact may be indicated thus; farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement ," etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile foctory. The material 6 Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EAST CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia") (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> causing death), 29 ds.; Bronchopneumonia (sccondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Enhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (morely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," Chronic interstitial nephritis, approved by tetanus) may be stated under the head of "contributory." carbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicoemia," "PUERPERAL peritonilis," etc. can be ascertained as the cause. Always qualify all (secondary Whooping cough; as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy train-American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY or intercurrent) Committee on Nomenclature of the Chronic valvular heart diseose; etc. The contributory affection need not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all qu stions

permanently filed.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DE Housemaid, etc. If the occupation has been charged ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at liome, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Rhysician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Serunt, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a (a) Foreman, etc., or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material mill; (a) Salesman. single word or term on Locomolive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the half EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrosphal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) Recommendations on statement of cause of Iclamus) may be stated under the head of "contributory." as fracture of skull, and eonsequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train Chronic interstitial nephritis, "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiname origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be Chronic Example: Measles (disease "Senile," etc.), "Dropsy," failure," "Haemorrhage," etc. The contributory valvular heart disease;

If his certificate is looked over thoroughly and a l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of falness of various pursuits can be known. The quescupation is very important, so that the relative health tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, er," etc., Spinner, nature of the husiness or industry, and therefore an the first line will be sufficient, e.g.. Farmer or Planter, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, whatever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return 'Laborer," "Forcman," "Manager," "Deal-Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, (b) Cotton mill; (a) Salcsman. without more precise specification as Day Compositor, Architect, Locomotive engineer, (b)Automobile factory. The material Laborer-Coal mine, etc. not gainfully em-(6) Grocery,

Stateme t of Cause of Death—Name, first, the DISTEASE CAUSE OF THE STATE CAUSE OF THE STATE ALWAYS the same accepted to time and cause of dealers. Examples: Cerebrosphala ed term for the same disease. Examples: Cerebrosphala fever (the only define synenym is "Spidemic cerebrosphala spinal mand this": Diphthoria avoid use of "Croup"; Typhoid lever reserve to "Typhoid Pneumonia".

American Aredical Association.) as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory" diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," ctc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Messles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite: 2 void approved by Committee on Nomenclature of the (Recommendations on statement of cause of carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. can be ascertained as the cause. Whooping cough; Chronie vulvulur heart disease; Chronie interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-FOR VIOLENT DEATHS state MEANS OF INJURY Always qualify all

If this certificate is hoked over thoroughly and all quadrans, and in detail, it will prevent further correspondence. In the data is exential and must be obtained before the cartificate is permanently filed.

STATE OF MARYLAND STERNA CORPORATE LIMIT CERTIFICATE OF DEATH Registration Dist. No.... Ward) (If death occurred in a hospital or institu-tion, give its NAME irproperty cl stend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH BINDING may be OR DIVORCED (Write the word) HEREBYCERTIFY, That I attended the deceased from 6 DATE OF BIRTH instructions that If LESS than 7 AGE I day hrs. torms B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Quration) which employed or (employer) MARGIN 9 BIRTHPLACE Secondary Should be OF DEATH (State or country) 5...mos..... 10 NAME OF (Signed) ENTS CAUSE Causing Death, or, in deaths from *State the Discase information Violent Caus s, state (1) Means of Injury and (2) whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME d state C œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER (State or country Where was disease contracted, should if not at place of death?. Every item CIANS sho statement item Former or usual residence If more banks are needed, addross State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). er," etc., without more precise continue, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Plunter. tion applies to each and every person, irrespective of cupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Furmer (rcor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Physician, Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. Compositor, Architect, For persons who have no occupation Locomotive engineer (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Mcasles (disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measter; inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., oi (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicids. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., scpsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-Whooping American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. valeular heart Nomenclature of the The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND

PLACE OF DEATH County Cell	101-a.	STATE OF M CERTIFICATE Registration D	OF DEATH
2FULL NAME Chyrulus	a. 80,	St: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PART CULARS	MEDICA	L CERTIFICATE O	F DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	(Month)	(Day). (Year)
(Month) (Day) (Year)	17 I HEREBY O	ERTIFY, That I atte	nded the deceased from
7 AGE If LESS than I day hrs. or min.?	and that death occurre The CAUSE OF DEATH	d on the date stated	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(b) General nature of industry business, or establishment in which employed or (employer)	Continue	(Duration)	
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE	Contributory Secondary (Signed)		Cunt ml
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER A MAIDEN NAME OF MOTHER	18 LENGTH OF RESI	DENCE (For Hospita	or, in deaths from ury and (2) Whether
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs	In the State	yrsmosds.
(Informant) Samuel Slunger	Former or usual residence		DATE OF BURIAL
(Address) with Edd mod	horth Car, M.	- P	Du 23, 1930
Filed /2/22 1980 Registral If more blanks are needed, addre.s State Registral	Joseph R flo	alto., Requesting V. S	north East ma

8. No. 1

WRITE

m ż

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cont. work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, " etc., For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborerwithout more precise specification as Day -Coal mine, etc. Wom-

Streement of Cause of Death—Name, first, the pister EALE (AUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same discase. Examples: Cerebrosphale fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tecommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "Inanition," "Heart failure," "Ilaemorrnage, "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopucumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-(secondary American Medical Association.) approved by Committee on Nomenclature of the "Atrophy," "Collapse, Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease or intercurrent) Chronic "Coma," "Convulsions, etc. The contributory affection need valvular heart not be discase;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the lata is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH	,		
	County			
y/il	llage or City Lerry il	le	S. (No. A)	1.
	2FULL NAME	l	ins_	State
	PERSONAL AND STATE	STIC	AL PARTIC	CULARS
38	Lale Color or RA	CE 5	SINGLE, MARRIED, WIDOWED OR DIVORCI (Write the wo	& mil
6 1	DATE OF BIRTH	1		,
	050	DA nth)	(Day)	, 1
	\GE ·	ntn)	(Day)	(Year)
, ,	0 1- 7 -			If LESS tha
a	Fout 19 yrs.	mo	8	
P	OCCUPATION a) Trade, profession or articular kind of work	bo	s	
POB	a) Trade, profession or	bo	s	
(P)bv	a) Trade, profession or particular kind of work or b) General nature of industry usiness, or establishment in	bo du	s	
(P)bv	a) Trade, profession or particular kind of work b) General nature of industry usiness, or establishment in which employed or (employer) SIRTHPLACE (State or country) 10 NAME OF FATHER	lo di	ser M.	
9 E	a) Trade, profession or particular kind of work b) General nature of industry usiness, or establishment in which employed or (employer) SIRTHPLACE (State or country) 10 NAME OF	Lie Si	s. ver	
(P)bv	a) Trade, profession or particular kind of work b) General nature of industry usiness, or establishment in which employed or (employer) SIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	li di	s. ver	lo day hr

(Address

Filed

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and Ward) number.)

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH

(Month) (Day)

and that death occurred on the date stated above, The CAUSE OF DEATH

Contributory Secondary

*State the Disease Causing Death, deaths from Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. of Injust (2) Whether and

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death In the Where was disease contracted, if not at place of death?

Former or usual residence

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a laborer, Foreman, to know (a) the kind of work and also (b) the or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material not gainfully em-(b) Grocery; ","Deal-Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," stated unless important Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underatic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. causing death), 29 ds.; L. (secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature of the Chronic chopneumonia (secondary), etc. The contributory valvular Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

CORD	EXACTL riy classif
WRITE AIN , WITH UNFADING INKTHIS IS A PERMANENT CORD	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTL. CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classiff statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH	11044 STATE OF MARYLAND
County Ce Cel	CERTIFICATE OF DEATH
Village or City Elkton Ro. D	Registration Dist. No. 2
2FULL NAME Eliza Stave	ward) a hospital or institu-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE, MARRIED MANUEL White WIDOWED. (Write the word)	16 DATE OF DEATH May 21, 1930 (North) (Day) (Year)
6 DATE OF BIRTH July 10 1857	17 HEREBY CERTIFY, That I attended the deceased from 1929 to Hay 21, 1920,
(Month) (Day) (Year)	that I last saw h W alive on May 20, 1920,
70 yrs. 10 mos. 1 ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Housewife particular kind of work	Chronic interstitial
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) to the more vide.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration) yrs. mosde,
10 NAME OF Levi Pyreen	(Signed) At Monison M. D. May 24 192 (Address) Elplon Md
of FATHER (State or country) Mary land	*State the Piscase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Rebecca Hill	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) farmers Stanley RW.	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL SUlton Cerestery DATE OF BURIAL May 24, 1930
Filed Muy 24/982 July Muster	20 UNDERTAKER H. W. Pippier Elkton Ind
If more b.anks are needed, addre.s Ltate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Scrvant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive Housemaid, etc. If the occupation has been changed report specifically the occupations of persons enrner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day -Coal mine, etc. Womengineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphall fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Dishilleria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL scpticaemia," "PUERPERAL perilonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJUKY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Chronicvalvular heart discase; etc. The contributory need not be

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	PLACE OF DEATH	06630 STATE OF MARYLAND
	County CC	CERTIFICATE OF DEATH/
	1 1 1.1.	Registration Dist. No. 96
	Village or City Cry (No	St.: Ward) a hospital or institu-
is on back of certificate	2FULL NAME SETTINGE MES	a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCE UGLE (Write-the Work)	16 DATE OF DEATH , 198.0 , 198.0 , (Month) (Day) (Year)
	6 DATE OF BIRTH 1902	I HEREBY CERTIFY, That I attended the deceased from
tio		That I last saw he alive on free 150,
nstructi	7 AGE 2 yrs. 6 mos. 6 ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
See i	8 OCCUPATION (a) Trade, profession or particular kind of work	Juliuonary Jubeseuloin
rtant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 3 yrs. mos. ds.
import	9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) yrs mos ds.
s very	10 NAME OF FATHER OREFUL Steele	(Signed) F. Magraw M.D. June 1830 (Address Lerryville MA)
NOI	IN 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
JPAT	of MOTHER Hattle Kamble	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
0000	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosdsdsds.
of	14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
ent	(Informant) oseffe Affecte	Former or usual residence
statem	(Address Sergalle, Mil.	Description of Burial OR REMOVAL DATE OF BURIAL LUCK 19, 1938
00	15 Filed June 19 188 L Dandus Registras	Lee . Latterson Ceryfully
	If more hanks are needed addre a State Registrer	16 W. Saratova St., Balto., Requesting V. S. No. 1/1/1/

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewise, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> as fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, "(Exhaustion," "Heart Innure, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse, stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ot carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Claif	CERTIFICATE OF DEATH
1	(187) Registration Dist. No.
Village or City Golora (No	St.: Ward) (If death occurre a hospitul or instition, give its NAMI stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married. Married. Married. Married. Married. OR DIVORCED (Write the word)	16 DATE OF DEATH Upril 231, 1931 (Month) (Day) (Year
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased f
(Month) (Day) (1)	(ear) that I last saw ham alive on 4/25, 192
7 AGE If LESS 1 day 1 da	hrs. The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or Harante (b) General nature of industry	accidental traumaters
business, or establishment in which employed or (employer)	Contributory Head & body cushe
(State or country) 10 NAME OF FATHER	(Signed) July My Mary All M
OF FATHER (State or country)	*State the listase Causing Death, or, in deaths from Violent Causes, little (f) Means of Injury and (2) Whethe Accidental, Suicidal or Hamicidal,
of MOTHER Patrica Mallard	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos. ds. In the State yrs mos Mybers was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence
(Address) Coloral Ma	nottingham Pa Childh, 19
	20 UNDERTAKER ADDRESS

MARGIN RESERVED FOR BINDING

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may he entered as Housewife, Houselaborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can he known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may he indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Housemuid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Dehility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childhirth or miscarriage cough; Chronic valvular heart etc. The contributory Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	G349 STATE OF MARYLAND
County	© CERTIFICATE OF DEATH
Village or City PON 1852 BO	Registration Dist. No. 76 St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Stiel BOTT	v Stewart stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tewale 4 COLOB OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 3/ , 1930
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw hp y alive on the form 1920,
7 AGE	and that death occurred on the date stated above, at
a OCCUPATION (a) Trade, profession or particular kind of work	Suffication Cord around
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yre
9 BIRTHPLACE (State or country) AM Back Well	Contributory Secondary Durgion yie
10 NAME OF FATHER REPORTED STELLER	(Signed) (Address) Port (Banhlad
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME	*State the Diseasc Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Worgal Just	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or County)	At place of death yrs de. State yrs de. Where west disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence
(Address) Put InBout	19 POCE OF BURIAL OR REMOVAL DATE OF BURIAL 201, 1930
15 Filed Aff 1 192 20 LH Saules Registrar	20 UNDERTAKER JOHNESS OKER bury
If more blanks are needed, addre.s Ltate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed. as At school, or At home. Care should be taken to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Furm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the 6 Grocery;

Statement of Cause of Death—Name, first, the DISEA. SCAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "IIaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. (name origin; "Cancer" is less definite; avoid inges, pcritonacum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e, g., sepsis, Examples: Accidental drowning; Struck by railway train Whooping cough; American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi nenhritis, etc. The contributory

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

1PLACE OF DEATH County	04181 STATE OF MARYLAND CERTIFICATE OF DEATH
(1, 1, 1)	Registration Dist. No.
Village or City Wy (No	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCE (Write the wind)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH MARCH. 6, 1930. (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 193 to April 11, 1930, that I last saw had alive on Third 11, 1930.
7 AGE (Month) (Day) (Year) 7 AGE If LESS than day	and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry pusiness, or establishment in which employed or (employer)	Broncho, Queumonia
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion)
10 NAME OF FATHER WELLIAWY Strings	(Signed) 4. J. Magran M. D. H/10/1980 (Address Penyelle
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME	*State the Discase Causing Death, of in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Deutal. WWW. 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) At place of deathyrsmosds.
(Informant Villaux Stungs	Where was disease contracted, if not at place of dea.h?
(Address) englirle, Mig.	Asfry Centery april 13, 1938
Filed 4/12 Registrar	se d'atterion enfrely
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1/

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specimeanum as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY intercurrent) Chronic affection need etc. The contributory valvular heart Nomenclature of the not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH	12349 STATE OF MARYLAND
	County Ceech	CERTIFICATE OF DEATH
	En 2 '	74-a Registration Dist. No.
V	illage or City OUT MULLS (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
	2FULL NAME JOHN W. SUB-	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	Male white Single, Married Widower (Write the word)	16 DATE OF DEATH October 2nd, 1930 (Month) (Day) (Year)
6	DATE OF BIRTH (Conth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Left 18 1930. to Oct 2 1930, that I last saw h Malive on Oct 2 2 19230,
7	AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
	(a) Trade, profession or particular kind of work	pyonephrosis, left side
0	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) vrs. 6 mos. ds.
9	BIRTHPLACE (State or country) Delaware	Contributory Secondary
	10 NAME OF John Stackteel	(Signed) Pallacon Dhuron M. D.
ENTS	(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER No Sufruction	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	OF MOTHER (State or Country) No Surformation	At place In the of deathyrsmosds. Stateyrsmosds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) John of Hochtiel	19 LACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Filed 9 3 1922 Ju Danill Registrat	20-UN DEBTAKEN LEWILLY CERTON MAN
	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Womnature of the business or industry, and therefore an Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Housemaid, etc. If the occupation has been change, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on Locomotive engineer,

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosputal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Crup.); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stited unless important. Example: Measles (disease approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL scplicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary) (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

All this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the dara is essential and must be obtained before the certificate is permanently filed.

3

	PLACE OF DEATH	
C	County	(
11	age or City Port LEANOUT,	
	and St.	1
	2FULL NAME TO OWN SOURCE	~
	PERSONAL AND STATISTICAL PARTICULARS	ž.
S	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED, OR DIVORCED,	16
D	ATE OF BIRTH	17
_	Juknown,	
	(Month) (Day) (Year)	tha
A	GE Husband of: Clementine Barnhill It LESS than I day hrs.	and
2	bout 30 yrs. mos. ds. or min.?	
(2	CCUPATION Trade, profession or	****
æ	articular kind of work O) General nature of industry	10000
bi	usiness, or establishment in hich employed or (employer)	
_	IRTHPLACE (State or country) North Carolina	
	Culp va	****
ı	FATHER sand however	(Sig
	11 BIRTHPLACE OF FATHER (State or country)	/.
	12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	1B
-	13 BIRTHPLACE OF MOTHER (State or Country)	At
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE .	if
	(Informant) Blanche Green	For
	(Address) Porther out, Ma.	1

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH DATE OF DEATH

	UCC.		192
	(Month)	(Day)	(Year)
SEC 7	CERTIFY, That I	attended the de	ceased from
NEE 7	1920 to A	7 - 11	, 192
hat I last saw hin	alive on	reci	30
nd that death occurre	d on the date stat	ed above, at	=An
he CAUSE OF DEATH	i * was as follows:		1000
Ω	1) 0 11		0
are	crac IV	EULONTH	cage
Cere	i letts	ide -	•
			11

.,	(Duration)	yrs	mos
Contributory Secondary	<u> </u>		
(Signed) G.J.	(Duration)	ROW	mos M.
100. 7	Idress) Po	15	Epack me
	1) Means o	eath, or, of Injury	in desths from and (2) Whether

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrsds.	In the Stateyrsmosd
Where was disease contracted,	

SEAD CO. alus Farm	Net /7, 19
20 UNDERTAKER	ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material was a spinner of the statement of the statement; it should be used only when needed. As examples: (a) Spinner, (b) Grocery; it should be used only when needed. As examples: (a) Spinner, (b) Grocery; it should be used only when needed. As examples: (a) Spinner, (b) Grocery; it should be used only when needed. As examples: (a) Spinner, (b) Grocery; it should be used only when needed. As examples: (a) Spinner, (b) Grocery; it should be used only when needed. As examples: (a) Spinner, (b) Grocery; it should be used on the statement of Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (rc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebras paral fever (the only definite synonym is "Epidemic cerebraspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacnia," "PUERPERAL perilonitis," etc. stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all "Uraemia, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," causing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be charted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); American Medical Association.) (Recommendations on statement of cause of death or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., o Never report mere symptoms or terminal condi-""Weakness," etc., when a definite disease "Senile," etc.), "Dropsy, failure," "Haemorrhage, Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificats is permanently filed.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ORD INLY, WITH UNFADING INK--THIS IS A PERMANENT BINDING FOR MARGIN RESERVED WRITE

V. S. No. 1

N. B.

PLACE OF DEATH	10844 STATE OF MARYLAND
County Cecil	CERTIFICATE OF DEATH
	Registration Dist. No. 95
Village or City Roulandull No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2 FULL NAME Octava Strong	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED MARRIED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
July 2, 1901	Suff. 15 6930 0 18. 30 1820
(Month) (Day) (Year)	that I last saw h alive on Salar Sal
7 AGE If LESS than	and that death occurred on the date stated above, atm,
2 9 yrs. 2 mos. 28 ds. or min.?	The CAUGE OF DEATH * was as follows:
8 OCCUPATION	Om althma
(a) Trade, profession or particular kind of work	Chris Mynandilis
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) / yrs. mos ds.
9 BIRTHPLACE	Contributory
(State or country) Dorth Carolena	Julation)ds.
10 NAME OF Melvin & astridge	(Sized) 102h 2045 M.D.
U 11 BIRTHPLACE OF FATHER	() (Address) (Address)
Z (State or country) Jorth Caroline	*State the Disease Causing Death, or, in deaths Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TIZ MAIDEN NAME OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a relay layro	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds.
(State or Country) / orly	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) endrew Strong	usual residence
pal ester	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Wesylen Chapel ml. Oct 3, 1980
18 Files (161-2 193) "	20 UNDERTAKER ADDRESS
Lynn Mhmall Registrar	Tile. Vising Sun In
If more bianks are peeded, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1
100mm reserver 111-2-19	100

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Cure should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits ean be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusines, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a etc., Foreman, especially in industrial employments, it is neces-For many occupations a Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Sulesman. (b) Grocery; man, (b) Automobile fudory. The material without more precise specification as Day single word or term on

spinal meningitis"); Diphtheria avoid use of "Croup" ed tern for the same disease. Examples: ('erebrospind' to time and causation), using always the same accept, EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Typhoid fever (never report "Typhoid Pneumonia"); (the only definite synonym is "Epidemic ceresto" pneumonia, Bronchopncumonia ("Pneumonia,

> on lollynus) may be stated under the head of "contributory." approved by Committee on Nomenclature . (Recommendations on statement of cause of stated unless important. Example: Measles (disease American Medical Association.) carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as "PUERPERAL septicacemia," "PUERPERAL perilondits," etc. "Uruemia," "Weakness," etc., when a definite disease "Dehility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar/ use of "Tumor" for malignant neoplasms); Measles; .,.... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all Whooping cough; Chronic Chronic interstitial nephritis, fraeture of skull, and consequences (e.g., sepsis, "Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) valvular heart affection need not be etc. The contributory disease;

cherm answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and al questions is essential and must be obtained before the certificate is

anently filed.

S No. 1

0

N.

PLACE OF DEATH County Ceril	01551 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Designelle (No	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenusle White OR DIVORCED (Write the word)	16 DATE OF DEATH February 237 1980
October 26, 1854 (Month) (Day) (Year)	that I last saw he Malive on Thursday 37 1930.
75 yrs. 3 mos. 28 ds. If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Exemoura & Plimack (Duration) 5 yrs. mos. ds.
10 NAME OF FATHER John Strump	Contributory Secondary Duration Wishing and M. D. Feli 23 1930 (Address) (Address)
OF FATHER (State or county) 12 MAIDEN NAME VI	*State the Hisrase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MANGULLA MALENDE 13 BIRTHPLACE OF MOTHER (State or Country)	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmos,ds. Where was disease contracted,
(Informant) A The BEST OF MY KNOWLEDGE (Address) August 114	if not at place of deah? Former of usual residence 19 pt. de of Burial OR REMOVAL Date of Burial Later Tres Cemetery Let 26, 1920.
Filed 2/24 138 J. Sonders Registra:	20 (NDERTAKER) OLA Tatturry Semportly 15 W. Sarston St., Balton, Lequesting V. S. 150, 14
If more b.anks are needed, addre.s Ltate Negistrar	, 10 W. Daratoga Dt., Darto, Reducering

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer—Coul mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salcsman, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken r," etc., Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia")

st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Whooping telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-..... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Committee on Nomenclature of the Chronicvalvular heart etc. The contributory disease; not be

If this certificate is looked over thoroughly and a'l qu etions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No.

ż

STATE OF MARYLAND
CERTIFICATE OF DEATH Registration Dist, No. 96
ry Point, Md. St.: Ward) (If death occurred a hospital or instition, give its NAME stead of street a number.)
MEDICAL CERTIFICATE OF DEATH
(Month) (Day) (Year)
I HEREBY CERTIFY, That I attended the deceased fr November 15,30 to November 18,,192 that I last saw h 1m alive on November 18,, 1923
and that death occurred on the date stated above, at 12:05 The CAUSE OF DEATH * was as follows: Acute Nephritis
(Duration) Unknown mos Contributory Acute Oedema of Lungs
(Signed) 26 hrs. mos. (Signed) 7 E- M. Nov. 18, 192 3QAddress) Perry Point, Md. *State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trainents or Recent Residents) At place of death yrs mos ds. In the Unknown State Wise Mos State Wise Mos Mos State Wise Mos
Where was disease contracted. Unknown if not at place of death? Former or Joppa, Md. Usual residence DATE OF BURIAL OF REMOVAL DATE OF BURIAL
Joppa, Md. Nov. 20, 19 20 UNDERTAKER Undertaker H. K. McComas, Abington, 16 W Services St. Balto, Requesting V. S. No. 1.

2 13 14 6 11

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia");

> (Recommendations on statement of cause of death approved by Committee on Nomenclature of the "(E:haustion," "Heart failure, Haemourmas," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, American Medical Association, tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perdonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid carrollic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; as Tracture of skull, taken. State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY and consequences (e. g., sepsis, affection need not be

If this certificate is a red over thoroughly and all questions answered in detail, it will prevent furthe correspondence. All the data it essential and must be obtained before the certificate is permanently filed.

J. 1930

RESERVE	NKTH
RES	NG II
MARGIN	LY, WITH UNFADING INK-TH
2	WITH
T	LAWRY,
	WRITE
V. S. No. 1	

	1PLACE OF DEATH	09135 STATE OF MARYLAND
	County Occil	CERTIFICATE OF DEATH
1	1: Enl-	Registration Dist. No.
1	Village or City Olklou (No. 1)	mon Abstral Ward (If death occurred in a hospital or institu-
/	John See	tion, give its NAME in- stead of street and
	2FULL NAME	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH (1) 0 1/4 1003
	Male White (Write the word)	(Mooth) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	april 9, 1930	him dead , 192 , 192
	(Month) (Day) (Year)	that I last saw harden on
	7 AGE If LESS than 1 day	and that death occurred on the date stated above, at
	yrsds. ormin.?	Trom mormalion
	8 OCCUPATION (a) Trade, profession or	1 0 0 0
	particular kind of work (b) General nature of industry	Tracture of openly
	business, or establishment in	(Duftien) vrs. mgg ds.
	which employed or (employer)	Contributory Secondary
	(State or country)	(Duration)yrsmosds,
	10 NAME OF FATHER AMM SALES	(Signed) & Sause Strager AM. D.
	M 11 BIRTHPLAGE	
	OF FATHER (State or dountry)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Meats of Injury and (2) Whatter Accidental Suicidal of Woodless
	of mother auf Domoleski	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place In the
	(State or Country) UU.	of deathyrsds. Stateyrsds. Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	(Informant) The Suckey	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) 2/09 Moyer So	1000to and 18, 1930
	15 Filed aug 17 19230 France France	20 UNDERTAKER APPRESS
	Registrar	John Miller Chister W
	If more banks are needed, addre.s tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. /Dalls

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Wom-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Spinner, should be used only when needed. As examples: (a) to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The questhe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material Q. For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, At Home, and children, For persons who have no occupation not gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (secondary Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	CORD	EXACTE Ily classif
BINDING	PERMANENT	E should be stated at it may be proper ns on back of certi
FOR	S IS A	d. AGE s so the truction
MARGIN RESERVED FOR BINDING	WRITE LAINEY, WITH UNFADING INK-THIS IS A PERMANENT CORD	N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTE. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classif statement of OCCUPATION is very important. See instructions on back of certificate.
	WRITE	lans sho
1 °0 '1 '0 ' 1	D	N. BE. C St

	PLACE OF		20200244484499000		02842 ©-a	STATE OF M CERTIFICATE Registration I	
Vill						St.: Ward)	(If death occurred in a hospitul or institu- tion, give its NAME in- stend of street and number.)
	PERSONAL	AND STATIST	ICAL PARTICL	JLARS	MEDIO	CAL CERTIFICATE C	F DEATH
3 51		COLOR OR RACE	5 SINGLE, SINGLE, WIDOWED. OR DIVORCED (Write the word			March	1 , 130(Day)(Year)
	ATE OF BIRTH	Decen (Month		., 1887 (Year)	June 16	m alive on Mar	
			mos28ds	If LESS than I day hrs. or min.?	The CAUSE OF DEA	rred on the date stated TH * was as follows:	above, at 3:10Am.
(b bu w	articular kind of) General nature usiness, or establi hich employed or IRTHPLACE (State or country) 10 NAME OF FATHER	of industry shment in (employer)		amith	Contributory 3	Auricular Fibri hronic Nephriti Dementia Praeco	x, He be phrenic, wks. 2. "I year"
ENTS	11 BIRTHPLACE OF FATHER (State or coun	unknow			discost -table de , 744	LIE, Med. Office 30 (Address) Perry] Disease Causing Death, state (1) Means of Inj or Homicidal.	ATTEN CALLED
PA	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Coun	Unkno		,	At place of death 7 yrs.	mos. 29ds. In the	7 yrs. 4 mos. 29ds.
14 T	(Informant)		T OF MY KNOWL	EDGE	Former or usual residence	AL OR REMOVAL	ves this country
15	(Address)	19 21 0	Bana	(ecs) Registrar	20 UNDERTAKER	Robert Brooks & arey St., Balto. & Son, Havre de	Son, March .4:9 30. Md. March .4:9 30. Grace, Md.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it Civil engineer, Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborerwithout more precise specification as Day Stationary fireman, etc. But in many -Coal mine, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Exhaustion," "Heart Immure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (discase use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify al causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, approved by Committee on as fracture of skull, and consequences (e. g., sepsis, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom 10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) American Medical Association.) (Recommendations on statement of cause of death FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular heart affection need not be Nomenclature of the Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is estatish and most be obtained before the certificate is permanently filed.



M

PHYSI-

	1 _{PLACE}	OF DE	АТН			035
Co	untyCo	cil	** , * - * 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	***************************************		(31)
Villag				Hospotal,		
				CAL PARTICU		
3 SEX	[ale	4 COLO	R OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	Married	16 DATE OF
6 DAT	TE OF BIR	тн				17 I
		•••••	March (Month)	25 (Day)	, 1894 (Year)	that I last sa
7 AGE		35y	rs. 9	mos. 29 ds	If LESS than I day hrs. or min.?	
(a) part (b)	Trade, pro icular kind General na	d of worl	ndustry	Farme	r	acti ve
) whi	ch employers or construction of the constructi	ed or (em	ployer)			Contribute Secondar
	O NAME O		With	enguelr)	(Signed)
STA	OF FATH (State of 2 MAIDEN	ecountry)	lev	Know	1)	*State Violent Co Accidental,
PAR	OF MOTH		200	illugu	VY	18 LENGTH
13	OF MOTH		10	rlinon	~ ·	At place of deathy
14 TH			TO THE BEST	OF MY KNOWL	EDGE	Where was dis
	(Informant	1	Hospital	Records,		Former or usual residence
		ess)	- D	y Point, Md		Undertak Rutherfo
15 Fi	iled Ja	w. 24	1930 C	learles et	Mickeys (Registrar	Penningt

0350

STATE OF MARYLAND CERTIFICATE OF DEATH

.....Ward)

Registration Dist. No. 96

number.)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
COLOR OR RACE SINGLE, MARRIED. Married WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Jamuary 23, 1(80		
March 25 , 1894 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from Dec. 25 1929 to January 23 , 1930 that I last saw h imalive on January 23 , 1930 s		
35 yrs. 9 mos. 29 ds. or min.?	and that death occurred on the date stated above, at 5:50 A. m The CAUSE OF DEATH * was as follows: Tuberculosis, chronic, pulmonary,		
ssion or Farmer	active, far advanced		
re of industry blishment in or (employer)	App roximately (Duration) 2 yrs. mos de		
E Country) Lew Levour	Contributory Secondary (Durstion) (Signed) F.E. LESTIE Med. Officer in Charge. Jan. 23. 192 30 (Address) Perry Point Md. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. mos. 29 ds. In the State yrs. mos. 29 ds. Where was disease contracted, if not at place of death? Unknown		
Hospital Records.	Former or usual residence Forest City, N. C.		
Perry Point, Md.	Undertaker: Hovis & Keeser, Rutherfordton, N. C. Jan. 26, 19.30 20 UNDERTAKER DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL ADDRESS		
Registrar (Pennington & Son, Havre de Brace, Md.		
	/1		

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (rcor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to, report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. sary to know (a) the kind of work and also (b) the Physician, tion applies to each and every person, irrespective of Foremon, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesmon, (b) Grocery;emon, (b) Automobile factory. The material Compositor, Architect, Locomotive For persons who have no occupation The quesengineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

telonus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease inges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important (secondary or intercurrent) affection necd Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; L. American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic Example: Measles (disease: hopneumonia (secondary), etc. valvulor heart The contributory not be disease ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

> Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME in-stead of street and

number.)

MEDICAL CERTIFICATE OF DEATH (Month) I HEREBY CERTIFY. That I attended the deceased from and that death occurred on the date stated above, at

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the State.

ADDRESS

Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At. Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Physician, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condi-Chronic etc. The valvular heart disease; contributory Measles; of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

09136 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. EXACTLY ly classifie (If death occurred in St.: Ward) a hospital or institu-tion, give its NAME in-stead of street and number.) properl stated PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. OR DIVORCED onid (Write the word) that (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. supplied ds. or min.? (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) ATH Contributory 9 BIRTHPLACE Secondary (State or country) BA. Ω 10 NAME OF 7 0 11 BIRTHPLACE State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. OF FATHER CAUSE (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place of death In the OF MOTHERyrs......mos..... (State or Country) should ent of OC Where was disease contracted, if not at place of death?..... CIANS should statement of 14 THE ABOVE IS TRUE TO Former or (Informant) OR REMOVAL Registrar Requesting V. S. No. 1. bianks are needed, address State Registrate

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. busines, that fact may be indicated thus; Furmer (re-Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never neturn "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Physician, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material 6 yrs). For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, (b) Cotton mill; without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons Laborer-Coal mine, etc. Won-(a) Salesman. who have no occupation 3 Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted te: n for the same disease. Examples: ('erebros pinal fever 'the only definite synonym is "Epidemic cerebros pinal meningitis"); Diphtheria 'avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, 'name origin; "Cancer" is less definite; avoid cough; Chronic Example: Measles (disease valvular heart disease; etc. The contributory Measles ;

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact		/	OF DEA	тн				
y classified; E		County	Env	· +	***************************************	WITH	H,00 HFO	
988	Vil	lage or City	Car	con	(No			
rivoli tificat	2 FULL NAME Harry M. Jay to							
propedly of certific		PERSON	AL AND	STATIST	CAL PART	TICULA	RS	
be ck	3:	Nale	4 COLOR	OR RACE	SINGLE, MARRIED WIDOWEI OR DIVOR (Write the	CED	id	
may n ba	6 1	DATE OF BIR	400					
t it			7.	nch	23	,	1866	
that	_			(Month) (Day	***************************************	(Year)	
terms so that	7 /	NGE	64	_			ESS than	
5 = 5	_	0+0	O yr	·	mos. / 3	_ds. or_	min.?	
piath	B OCCUPATION (a) Trade, profession or Merchant (Grocery) particular kind of work (b) General nature of industry business, or establishment in							
OTO	-	vhich employe	ed or (empl	oyer)	- 0	100000000000000000000000000000000000000	************	
EAT	9 E	(State or cou	intry) M	rany	land	_		
very		10 NAME OF	a. E	vales	, Tay	lor	_	
USE	ENTS	OF FATHI (State or		nan	plan	1		
PATIC	PARE	12 MAIDEN OF MOTH	// //	rced	mc no	ame	e	
d state		13 BIRTHPL OF MOTH (State or		nar	ylau	2.		
of	14	THE ABOVE I	S TRUE TO	THE BEST	OF MY KNO	WLEDG	E	
		(Informant)	C .	Sand !	he Tay	low		
CIANS		(Addr	ess) U	Ktou.	ma	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ω 0	15	Filed Jefo	111 1	9230	Praces	J20	estrar	

10314	STATE	OF	MARY	LAND
	CERTIFIC	CAT	E OF	DEATH

Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)Ward)

MEDICAL CERTIFICATE OF DI	EATH
16 DATE OF DEATH Sept 8	, 1930
(Month)(Da	
I HEREBY CERTIFY, That I atyanded	the deceased from
that I last saw handlive on Alfit	£ 1930.
and that death occurred on the date stated above	5 1
The CAUSE OF DEATH * was as follows:	totion
Contributory Chronic Myoss	
(Signed) Herbert Boles Sept 9 130 (Address) Elkle	moode.
*State the Discase Causing Death, or, i Violent Causes, state (1) Means of Injury a Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For Hospitals, I	nstitutions, Trans-

At place of deathyrsmosds.	In the State yrs mos de
Where was disease contracted, if not at place of dea.h?	20000000000000000000000000000000000000
Former or	

19	PLAC	EOF	BUF	HAL C	OR RI	EMOV	\L
9	01	t	- A	Ce	···	ting	
20	UND	-					

ients or Recent Residents)

DATE OF BURIAL

If more branks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

90 OH OCHPORATE LOUITE OF

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (7) er," etc., without more precise recall mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, Civil engineer, whatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a nner, (b) Cotton mill; (a) Salesman, (b) Grocery, Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary freman, etc. But in many

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> 1 telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death American Medical Association.) as fracture of skull, approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic and consequences (e.g., sepsis, etc. The contributory affection need valvular heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

6

1900

PLACE OF DEATH

1552 STATE OF MARYLAND

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Form laborer, Laborer-Coul mine, etc. Wom-en at home, who are engaged in the duties of the 0 Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness, of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gized in domestic service for wages, as Servant, Cook, Househaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-· Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Solesman, (b) Grocery; eman, (b) Automobile foctory. The material without more precise specification as Stationary firemon, etc. But in many For persons who have no occupation Doy

Statement of Cause of Death—Name, first, the Disrass CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ot American Medical Association.) approved by Committee on as fracture of skull, and consequences (c. g., sepsis, eorbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Aecidental drowning; Struck by roilwoy troinor as probably such, if impossible to determine definitely Whooping cough; "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi for malignant neoplasms); Meosles; Chronic valvular heart disease Example: Measles (disease etc. The contributory affection need not be Nomenclature of the " "Convulsions,

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	1PLACE OF DEATH	12350 STATE OF MARYLAND
	County County	CERTIFICATE OF DEATH
	L'O'st arove	Registration Dist, No.
care.	Village or City (No	St.: Ward) (If death occurred In a hospital or institution, give its NAME instead of street and number.)
		WEDICAL CONTROL OF DEATH
2	PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR/OR RACE 5 SINGLE. 1	MEDICAL CERTIFICATE OF DEATH
ack o	Hernale A COLOR OR RACE MARRIED PARTIES OR DIVORCED (Write the word)	(Month) (Day) (Year)
a uo s	6 DATE OF BIRTH 6 0 0 14 1868	17 I HEREBY CERTIFY, That I attended the deceased from
lou l	(Month) (Day) (Year)	that I (ast saw h Malive on OC/
non	7 AGE If LESS than	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
181	62 yrs. 0 mos. 4 ds. or min.?	The CAUSE OF DEATH * Yas as follows:
266 1	8 OCCUPATION (a) Trade, profession or Housework particular kind of work	Vanis Somehow Ostforman
	(b) General nature of industry	fri find for the first of the f
tan	business, or establishment in which employed or (employer)	(Duration) (via mos de,
mpor	9 BIRTHPLACE (State or country)	Contributory Secondary Spring now de.
very	10 NAME OF Jum , Clasgow	(Signed) A C 201 Part of My D.
00	OF FATHER Z (State or country)	*State the Disease Causing Death, or, in death the Violent Causes, state (1) Means of Unjury and (2) Whether Accidental, Suicidal or Homicidal.
	12 MAIDEN NAME OF MOTHER BOLOCCA PROTECTION	Accidental, Suicidal or Homicidal. 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
1	13 BIRTHPLACE	ients or Recent Residents)
3	OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
2	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOW/EDGE	Where was disease contracted, if not at place of death?
שנים	Mrs Edward Havely	Former or usual residence
ateme	(Address) Liberty Provent	19 PLACE OF BURIAL OR REMOVAL BATE OF BURIAL BATE O
10	15 filed 1/24 1934 All Registrar	20 UNDERTAKER Balling arlington
F	If more blanks are needed, address tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
0.	Pernis ser 10-18-19	30 mf

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomolive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on "(Exhaustion," "Heart fallure," "Laemorrage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal condistated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ot tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as Whooping cough; Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature of the

It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE SEX 16 DATE OF DEATH MARRIED. BINDING WIDOWED. OR DIVERCED 6 DATE OF BIRTH That I attended the deceased instruction (Month) (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at 08 I day hrs. The CAUSE OF DEATH supplied terms ERVED 8 OCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in 2 which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country 04 व प्र PA 10 NAME OF (Signed). OF FAT/HER 0 11 BIRTHPLACE (C) [L] OF FATHER CAUSI RENT the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether (State or country Accidental, Suicidal or Homicidal. 12 MAIDEN NAM 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-< OF MOTHER state CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death ... State. ...vrs......mos..... 00 (State or Country Where was disease contracted, if not at place of dea.h?.... shoul 0 Every Item CIANS sho statement Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL UNDERTAKER If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Noo

. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal mine, etc. definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reworked on may form part of the second statement. Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many """Deal-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Mcasles; (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, Chronic interstitial nephritis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic and consequences (e.g., sepsis, affection need not be etc. The contributory valvular heart Nomenclature of the Always qualify al disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No.

ž

HYSI-Exact

1	1,3411
PLACE OF DEATH	STATE OF MARYLAND
County Cow	CERTIFICATE OF DEATH
County	THE CERTIFICATE OF DEATH
WITHIN DORPHRAYES	Registration Dist. No.
Village or City 6 9 tare (No.	
and the state of t	ward) a hospital or institu-
1.00+	tion, give its NAME is stead of street and
2FULL NAME to be sure I Starr	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CONTINUES
	MEDICAL CERTIFICATE OF DEATH
MARRIED,	16 DATE OF DEATH
WIDOWED. OR DIVORCED WOOD	1920
Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
aug 27 1878	192 to Davenless 5, 19230
(Month) (Day) (Year)	non no there of
7 AGE	and that death occurred on the date stated above, at
50 0 l dayhrs.	The CAUSE OF DEATH * was as follows: ,
yrsmosds. ormin.?	Hyperleusion
8 OCCUPATION	" TO Le Service "
(a) Trade, profession or particular kind of work	A CONTRACTOR OF THE PROPERTY O
(b) General nature of industry	
business, or establishment in	Duration Bound 5 Heards.
which employed or (employer)	6. 0) 21 - 10.
9 BIRTHPLACE D	Contributory Secondary
(State or country) Period Wrenia	OK 1
1 10 NAME OF ()	(Duration) yrs mos 1024s.
FATHER W. Vernell	(Signed) M. D.
11 BIRTHPLACE	1920 (Address) 60 Slave
	*State the Discase Causing Douth on in deaths from
C (State or country) Pranglant 12 MAIDEN NAME C	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
	Accidental, Suicidal or Homicidal.
of MOTHER liga Ward	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	
OF MOTHER (State or Country) Maryland	At place in the of deathyrsmosds.
	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
as John H Fenell	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Ukton mi	El Kt Cometen nov 8 . 30
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Filed har & 1920 hank hours	20 UNDERTAKER ADDRESS
ried of forthe form 12 blooming of following for fregistrat	Hursin Elston het

1131411

If more banks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, especially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (6) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "(Exhaustion," "Heart lallure, Liague," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal condistated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Chronic valvular heart disease; etc. The contributory affection need not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE INCT, WITH UNFADING INK--THIS IS A PERMANENT CORD MARGIN RESERVED FOR BINDING

EXACTLY, PHYSI-	Village or City Pan Estagno. 2FULL NAME Calburt S', Z	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)		
stated EXAC properly state of certificate	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
ay be pr back of	MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH		
hou it m	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930 to		
ms so that nestructions	7 AGE If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at		
y suppain ter	a) Trade, profession or particular kind of work	Caracina Planthe		
ATH In plant	(State or country)	(Duration) yrs. mos. ds. Contributory Secondary		
hould be OF DE/ s very in	10 NAME OF FATHER MU SICORIL	(Signed) 22-30(Address) M.D.		
CAUSE TION	OF FATHER (State or country) AND ACCORD 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
informad state	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. ds. In the State yrs. ds. Where was disease contracted,		
Every item of CIANS should statement of	(Informant) about E. Couden (Informant) About E. Couden	if not at place of death? Former or usual residence		
BEver CIAP state	15 Filed July 213 19200 Fraul Fragstrar Registrar	20 UNDERTAKER ADDRESS ADDRESS PREMARADA		
ż	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation er," etc., without more precise specincation as νay laborer, Farm laborer, Laborer—("oal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rework, or At Home, and children, not gainfully em-ployed, as At school, or At home. Cure should be taken cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile foctory. The material Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the result of the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; spinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the (telahus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septiaucmia," "PUERPERAL perilonidis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age, "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY (secondar "Atrophy," "Collapse," "Coma," "Convulsions, peritonoeum, etc., Carcinoma, Sarcoma, etc., of Never report more symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid eough; or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

	PLACE OF DEATH County	
	llage or City Elkton (No. RD 2	90
Vil	2FULL NAME John Thor	na
=	PERSONAL AND STATISTICAL PARTICULARS	
7	MARRIED WIDOWED. OR DIVORCED (Write the word)	16 DATE OF
6	DATE OF BIRTH (Month) (Day) (Year)	that Mast
7 /	AGE 75 yrs. mos. ds. lf LESS than l dayhrs. or min.?	
	Coccupation (a) Trade, profession or Any Laborse carticular kind of work (b) General nature of industry cusineas, or eatablishment in which employed or (employer) BIRTHPLACE (State or country) Welcourse	Contribu
PARENTS	10 NAME OF FATHER Samuel Thomas 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address)	*State Violent Accidents 18 LENGTH ients or At place of death
15	Filed May 13 1930 ft Dans & Registron	26 UNDER

05448 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 92

Ward)
(If death occurred im a hospital or institution, give its NAME instead of street and number.)

	MEDIC	AL C	CERTIFIC	ATE	OF	DEAT	н
					1		
OF	DEATH			1	4		

(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended the deceased from

May 5 - 1920 to may 9 , 1920.

The CAUSE OF DEATH * was as follows:

Contributory Prouseling anthuna

(Signed) Just Justimuely M. D.

*State the issue Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

if not at place of dea.h?.....

PACE OF BURIAL OR REMOVAL

e Marion Caroly h

ADDRESS SUITE Zu

H With this

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6... yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tle first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-tired 6. yrs). For persons who have no occupation Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screaul, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material Stationary fireman, etc. person, irrespective of Locomolive engineer, But in many (b) Grocery,

Statement of Cause of Death—Name, first, the Disease Fausing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Spinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pucumonia, Bronchopneumonia ("Pneumonia,"

atic), stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely "PUERPERAL seplicacinia," "PUERPERAL perilonilis, "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid 'Congenital,' "Senile," etc.), "Dropsy,
"Heart failure," "Haemorrhage, Chronic valvular heart disease, etc. The contributory not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No.

2

/il	lage or City Election (No
	PERSONAL AND STATISTICAL PARTICULARS
S	MARRIED WIDOWED: Male block Single. MARRIED WIDOWED: OR DIVORCED (Write the word)
E	DATE OF BIRTH
	M. 22 , 1913 (Month) (Day) (Year)
A	
0	a) Trade, profession or at School articular kind of work at School b) General nature of industry
Ь	b) General nature of industry usiness, or establishment in which employed or (employer)
ь	usiness, or establishment in
ь	usiness, or establishment in which employed or (employer)
D W E	usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF
D W E	usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER FOREGINAL PLACE OF FATHER 11 BIRTHPLACE OF FATHER 12 BIRTHPLACE OF FATHER 13 BIRTHPLACE OF FATHER
AKENIS	usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER Oragi Thomas 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF STATE OF
FARENIS	10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 BIRTHPLACE OF MOTHER 15 BIRTHPLACE OF MOTHER 16 MOTHER 17 BIRTHPLACE OF MOTHER 18 BIRTHPLACE OF MOTHER 19 BIRTHPLACE OF MOTHER 10 MOTHER 11 BIRTHPLACE OF MOTHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 MAIDEN NAME OF MOTHER 15 BIRTHPLACE OF MOTHER

01554 S

E LIMITS OF

nas

STATE OF MARYLAND CERTIFICATE OF DEATH

St.: Ward) (If death occurred in a hospital or institu-

ard) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)

	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH Sub 2-8-4, 1930
	(Month) (Day) (Year)
	17 Och 10 — 180 to Helb 28 , 190 c
ı	and that death occurred on the date stated above, atm,
	The CAUSE OF DEATH * was as follows:
	Julmonary Suberculosis
	0 2 2
-	Contributory Mustion yrs. mos. de.
	Vionehia & Pustion) yrs. f. mos. f. de.
	(Signed) M. D. 3/1 (Address) Clivon - MD
	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	At place In the of deathyrsmosds. Stateyrsmosds.
	Where was disease contracted, if not at place of doa h?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Burrisville mit mich 3, 1931
,	20 UNDERTAKER ADDRESS
	H. W. Prippin Elettono. End
	. 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed g. ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, (b) without more precise specification as Day For persons who have no occupation (b)Automobile factory. The material -Coal mine, etc. Wom-Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS pneumonia, Bronchopneumonia ("Pneumonia,

> "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Aecidental drowning; Struck by railway train-Whooping perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Committee on Nomenclature Chronic valvular heart disease; etc. The contributory Always qualify all not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are useded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used cian, Compositor, Architect, mobile factory. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Locomotive engineer, If retired from (b) Autoof age.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar meninonia. Branchopneumonia ("Pneumonia," Lobar meninonia, indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsia, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracinia," "Weakness," lapse," "Corma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia, "Anaemia" (merely symptomatic), "Atrophy." "Co chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... nephritis, etc. (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound Always qualify all diseases resulting from child-(merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercur-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence: All the data is essential and must be obtained before the certificate is permanently filed.

7.

FEB 6 1930 TREAU V.

PLACE OF DEATH County Cleif -	05445 STATE OF MARYLAND CERTIFICATE OF DEATH
1	Registration Dist. No.
Village or City Metaplake City (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Martiel WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May 6 , 1930 (Year)
Morch 29, 185 (Month) (Day) (Year)	that I last saw home alive on May 4th 120.
7 AGE 7 3 yrs. / mos. 7 ds. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Farmer	Coranoma 4 Vh Stomach
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) / yrs. 6 mm ds.
9 BIRTHPLACE (Nate or country) Cecil Co 2 Mistriet	Secondary
10 NAME OF FATHER Jace Titter-	(Signed) Caracric Hoodor M.D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homidial.
of Mother Euzay Anderson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Cheoplake City - Ind	At place of death yrs mos ds. State yrs ds,
14 THE ABOVE IS TRUE TO THE MEST OF MY KNOWLEDGE	Former or
(Informant) Mrs livety M. T. 1 + 1 + e R (Address) Cheropeake Cy 2w	Bethel Ceretery may 9, 1930
15 Filed May 8 1980 B. Haward Brown Ragistra	20 UNDERTAKEB. H DELKton Md
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Baito., Requasting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., William Laborersary to know (a) the kind of work and also (b) the tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Spinner, (b) Colton mill; (a) should be used only when necded. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g. Farmer or Planter, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Aever return 'Laborer,'" (Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Physician, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day Compositor, For persons who have no occupation (b) Automobile factory. The material Architect, Salesman. (b) -Coul mine, etc. Locomotive engineer, Grocery; Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Juphoid fever (never report "Typhoid Pneumonia"); Jobar gneumonia. Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meastes; inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be tetanus) may be stated under the head of "contributory" carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary) Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis Examples: Aecidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condiinterstitial nephritis, etc. cough; Chronic valvular heart Nomenclature The contributory disease,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	02843 STATE OF MARYLAND
County	CERTIFICATE OF DEATH
1 1 ml -	Registration Dist. No.
Village or City FOT No POU	Ward) (if death occurred in a hospitul or institution, give its NAME is
2FULL NAME TUNNEL COL	won fuldou stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARIO COLORED OR RACE SINGLE MARRIED, WIDOWED, OR DIVORCED OR DIVO	16 DATE OF DEATH March 75, 130 (Month) (Day) (Year)
6 DATE OF BIRTH ahrel rule nown 1 878	May- 1920 Oto Wareh 14, 1980
(Month) (Day) (Year)	that I last saw h 1 malive on March 71, 193 6
7 AGE	and that death occurred on the date stated above, at
yrs. // mos. ds. or min.?	The CAUSE OP DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	for Maconsus.
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) vrs. mos ds.
9 BIRTHPLACE (State or country)	Secondary Course English Countries Secondary Course Condition of The Countries of C
10 NAME OF Jalomon Tildon	(Signed), 6 994 wow M. D.
IN BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, it deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Carlotte to huson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds, Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Lenny Tildon	Former or usual residence
(Address) Brokling and Mil	Spesbuy Cem Marches 19 30.
15 Filed 3/37/30 1930 Registrar	20 UNDERTAKER PATTELSON SERVIVILLE
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enworked on may form part of the second statement. For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Exhaustion," "Heart lanure, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No. V. 8.

PLACE OF DEATH	
Village or City Cresoftente City	(29)
2FULL NAME David Til	luc
PERSONAL AND STATISTICAL PARTICULARS	
Male Color or RACE SSINGLE, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DAT
6 DATE OF BIRTH (Month) (Day) (Y	ear) that I I
7 AGE apparent 70 mos. ds. or.	hrs. The CA
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Cont
TO NAME OF FATHER II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)	(Signed) * Viole Accid 18 LENG ients At place of death
(Informant) Cla Cuderson (Address) New Castle DEL	Where wif not at Former ousual res
Filed 8/14 1980 B. Howard Beau Registre	20 UNE

STATE OF MARYLAND 09137

CERTIFICATE OF DEATH

Registration Dist. No. Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH	4
16 DATE OF DEATH	, 192
(Month) // (Day)/9	30 (Year)
17 I HEREBY CERTIFY, That I attended the 7-/5-30 192 to 8-11-30	deceased from
that I last saw him alive on 8-8-30	, 192,
and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:	ia m.
lehronic Interstitial n	phritis
(Duration) / (2) yre.	. mosds.
Secondary (Duration) yis Signed) Signed) (Address)	.mosds.
8/14/30 192 (Address) lelusafosalle	leity Ind
*State the Discase Causing Death, or, in divident Causes, state (1) Means of Injury and (Accidental, Suicidal or Homicidal.	onthe from
8 LENGTH OF RESIDENCE (For Hospitals, Institutions or Recent Residents)	itions, Trans-
At place In the State yrs death yrs ds.	mosds.
Where was disesse contracted,	

ERTAKER

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Salesman, 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,");

(Recommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicacinia," "PUERPERAL peritoritis," etc. "(Exhaustion," "Heart failure," "Liaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, Whooping cough; perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classifled. Exact CORD INCT, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE !

V. S. No. 1

7	PLACE OF DEATH	10315 STATE OF MARYLAND
	County Cecil WATHIN CORPOR	CERTIFICATE OF DEATH
	Court	Registration Dist. No. 92
care.	Village or City allow (No. 2FULL NAME alice Crawf	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Sertin	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Sept 25-, 1930
a no suo	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Ash 1 1920 to Deft 7 5, 1921, that I last saw her alive on Pefer 2 5, 1920,
Instructi	7 AGE 86 96 97. 2 mos. /9 ds. If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
See	(a) Trade, profession or A Horul particular kind of work	
	(b) General nature of industry business, or establishment in which employed or (employer)	(Duretion)yrsmos
odu	9 BIRTHPLACE (State or country) Very Louis a	Contributory Secondary (Durstion) yrs, mos, ds,
very	10 NAME OF James Crawford	(Signed) Herbert Bale M.D.
200	OF FATHER (State or country) Scotland	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
1	of Mother Many Starkey	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
5	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
lent	(Informant) hus Grace theerings	Former or usual residence
aren	(Address) Electon met	Tederalsburg net Seft 27, 1930
in	Filed Ly No 1930 J. Duns Dyces	20 UN DERTAKER Spin Elkton Ind
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Form laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Doy should be used only when needed. As examples: (0) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer ployed, us At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Munager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many Locomoline engineer,

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebrato time and causation), using always the same accept Statement of Cause of Death-Name, first, the Dist EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia for the same disease. Examples: Cerebrospinal ("Pneumonia,

permanently filed.

answered in detail, it will prevent further correspondence.

s essential and must be obtained before the certificate is

dyanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the If this certificate is looked over thoroughly and al quistions American Medical Association.) State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitiol nephritis, carbolic acid-probably suicide. The n ture of the injury, Examples: Accidental drowning; Struck by railway troin-Whooping cough; Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions," peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid or intercurrent) affection need Chronic etc. The contributory valvular heart disease; Measles ; not be

No.

σž

0

m

ż

HYSI-Exact

PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 944
Village or City Jost deposit (No	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from JUNE 13 19230 to JUNE 14 , 19230 that I last saw her alive on June 14 , 19236
(Month) (Day) (Year) 7 AGE Syrs. 5 mos. 17 ds. or min.?	and that death occurred on the date stated above, at 2,157 m. The CAUSE OF DEATH was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	(adherious)
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory acute delections Town
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 (State or country)	(Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For ients or Recent Residents) At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, if not at place of dea.h? Former or usual residence
(Address) North East Md	Harls ME Cently Jun 18, 1930 20 UNDERTAKER ADDRESS
Registrar	worth of Mart holls Can

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, (b) Collon mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. fired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, r," etc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation 6 Grocery;

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (seeondary or intercurrent) affection need not be stated unless important. Example: Measles (disease (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Whooping cough; Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; nephrilis, etc. The contributory

If this certificate is looked over thoroughly and a'l qu'stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE chould be stated EXACTLY, FICIANS should etcte CAUSE of DEATH in plain terms so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificate. ECORD Y, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR MARGIN RESERVED AII WRITE

No 10 >

PLACE OF DEATH	13693 STATE OF MARYLAND
County Colcil	S CERTIFICATE OF DEATH
Village or City Elkton (No. Masse	Registration Dist. No. 7 Ward) (If death occurred in a hospital or institution, give its NAME is -
2FULL NAME Vandergieft	Sebula stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
nov. 20 - 193	192 1. to Mad 192 7, 192 7,
(Month) (Day) (Year)	that I iast saw h dive out // UV 21 -, 192 4,
7 AGE [If LESS than	and that death occurred on the date stated above, atm,
l dayhrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	p f f
(n) Trade, profession or	B Amaring I me Con
particular kind of work	2
business, or establishment in Truce	Stellborne (Duration) yts. V mos do.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
I 10 NAME OF	Dyfation) yrsds.
FATHER /	(Signed) M. D.
11 BIRTHPLACE	NOV 2 5 1930 (Address) Eller 24
OF FATHER (State or country) Canden N. J.	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Esther Verderift	10 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) & later MM.	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
and Alaskala	Former or usual res.dence
(Informant) Must be Every.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Elforage	own Munises MV20, 1930
15 Filed JUN 25- 1980 Bank Dayer	20 UNBERTAKER (75)
16 man banks are needed addre a ! tate tieristrar	16 W. Saratoga St., Baito, Requesting V. S. ho. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Flanter, tion applies to e.ch and every person, irrespective cf Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been clanged gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deallaborer, Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DISTAGE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebross, inal meningitis"); Diphtheria (avoid use of "Croup"); Similar pneumonia, Bronchopneumonia ("Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

5

telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be st-ted unless important. Example: Measles (disease Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the or as probably such, if impossible to determine definitely and qualify as Accidental, suicidal or Homicidal, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Com2," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJU.Y cough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions spawered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be proserly classified. Exact statement of Occiloation is very important. See instructions on hack of certificate. ECORD LY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE Ves No. 1

	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
	EANT SUITER R	Fosbital Registration Dist. No. 92
in selle.	Village or City Lefton (No. 2FULL NAME Ralph Richard	St: Ward) (If death occurred In a hospital or institu- tion, give its NAME in- stend of street and number.)
Lean	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
a no suo	6 DATE OF BIRTH July 28, 1936 (Mohth) (Day) (Year)	17 HEREBY CERTIFY, That I attended the deceased from 192) to 192 2, 192 2, that I lost saw h alive on 192 2, 192 2,
non-neu	7 AGE If LESS than I day hrs. yrs. mos. ds. or 0 min.	The CAUSE OF DEATH * was as follows:
lant. see	B OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Tarley of torlower Ovale to Land after Birth (Duration) yrs. mos de.
y impor	9 BIRTHPLACE (State or country) 2 Low	Contributory Secondary Durstion yrs. mos ds.
DA ST N	FATHER Rolfh Crasey II BIRTHPLACE OF FATHER OF FATHER	(Signed) M. D. 192 (Address) Peath, or, in deaths from
2	(State or country) (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 14 Maiden Name OF MOTHER (State or country) 15 Maiden Name OF MOTHER (State or country)	*State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 L'NGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents) At place
1	(State or Country) ALW LISTY 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yis mos, ds. State yrs mos ds. Where was disease contracted, it not at place of dea h?
	(Informant) North East W	north East M. Ewody July 29, 1930
	Filed fuly 19 1980 . The Registral Registral If more banks are needed, address: tate Negistra	74 W Pige Euxton W 18 W. Saratoga St., Balton, Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation Statement of Occupation - Precise statement of ocstate occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to knew (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, ro that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been clanged gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., Civil engincer, Physician, Compositor, Architect, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tctanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; approved by Committee on (Recommendations on statement of cause of death "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Cecil	0353 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Lellor (No. lluio 2FULL NAME 1/2	Registration Dist. No. Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 1930 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE If LESS than I day 23hrs. ormin.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Premative birth
business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Period Manual Man	Contributory Perturn acapital Secondary (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration)
10 NAME OF form Viensey 11 BIRTHPLACE	(Signed) Herbert Boles M. D.
OF FATHER (State or country) M OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER alberta Clark	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
(Informant) Close C. Vilarez	if not at place of death?
(Address) herch East and	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL SAL 19, 1930
Filed Leve 18 19230 Shaves Sacrar	20 UNDERTAKER ADDRESS
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease carbolic acid-probably suicide. The n ture of the injury, diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be (Recommendations on statement of cause of death tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-	
No.	
oή	
>	

20

PLACE OF DEATH County Cecil Village or City Cheopent City (No	O2844 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINCLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DESMANDE 5. 1930 (Month) (Day) (Year)
6 DATE OF BIRTH February 16, 1930 (Monyh) (Day) /(Year)	17 I HEREBY CERTIFY, That attended the deceased from Tebruary 16 1930. to the common 20, 19230, that I last saw h is alive on February 20, 1923.
7 AGE yrs. mos. 24 ds. or min.?	and that death occurred on the date stated above, at //m. The CAUSE DEATH * was ac follows:
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Frank Wales 11 BIRTHPLACE OF FATHER (State or country) Milling ton Jule 12 MAIDEN NAME OF MOTHER LINE STATE OF MOTHER LINE STATE STAT	(Signed)
OF MOTHER Sulling Con. Med 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE OF MOTHER SULLING CON. MED CON. M	of death
(Informant) Hawaig Muiss (Address) Chesepaahe City MA. R.D. Filed March 5 1930 B. Hawaid Biown Registras	19 PLACE OF BURIAL OR REMOVAL Cecition Mrs. Cecition March 5, 1920 20 UNDERTAKER ADDRESS

If more b.anks are needed, addre s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, housemund, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emhousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engincer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Paysician, Compositor, For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the Dis-EARS TABSING DEATH (the primary affection with respect to time a d causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrostinul meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pucunonia, Bronchopneumonia ("Pneumonia,"

> atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Exbaustion," "Heart failure," "Hemorrhage," telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS State MEANS OF INJULY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mensecondary perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic etc. The contributory valvular heart discase

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (relief 6 yrs). For persons who have no occupation laborer, Spinner, fulness of various pursuits can be known. The quesgaged in domestic service for wages, as Servant, Cook, work, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Munager," "Dealshould be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary froman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomolive engineer, Housenwid, etc. If the occupation has been changed ,, etc., Foreman, or At Home, and children, not gainfully em-For many occupations a Farm laborer, Laborer-Coal mine, etc. Wom-(b) without more precise specification as Day Cotton mill; (a) Salesman. (b) Automobile factory. The material single word or term on As examples: (a) (b) Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup Statement of Cause of Death-Name, first, the to time and causation), using always the same accepted to in for the same disease. Examples: Cerebros in the same disease. EASE CAUSING DEATH (the primary affection with respect Typhoid four (never report "Typhoid Pneumonia") the only definite synonym is "Epidemic cerebra" pneumonia, Bronchopneumonia ("Pneumonia, PAICI

> Recommendations on statement of cause of American Medical Association.) tetaplus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease stated unless important. approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misearriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar: Chronic interstitial nephritis, use of "Tumor" inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be for malignant neoplasms); (Thronic Example: Measles (disease valvular heart disease; etc. The contributory Measles ; of the

answ. anently filed. red in detail, it will prevent further correspondence. All the is exential and must be obtained before the certificate is this certificate is looked over thoroughly and a l questions

משאאמשא אוייאראיי	WRITE AMEY, WITH UNFADING INK-THIS	Very Item of Information chould be constituted
につい	AG IN	. Strike
	FADIN	50004
CM	H CN	Promod
	WIT	tion o
	ATMLY,	Informa
		of
	RITE	Item
	8	Verv

V. S. No. 1

PLACE OF DEATH	02845 STATE OF MARYLAND
County	CERTIFICATE OF DEATH
Pethlip HS. F.W.	Registration Dist. No. 96
Village of City Congress (No. 2FULL NAME Mulliam A. M.	St.: Ward) (If death occurred in a hospital or institution, giva its NAME instead of straet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Male Colored WIDOWED OR DIVOSCEPTIVE	Mach (Month) 15 (Day) 1930 (Year)
6 DATE OF BIRTH afril 5, 1850	I HEREBY CERTIFY, That I attanded the deceased from 15 1930. to NOV - 13, 1950
(Month) (Day) (Yesr)	that I last saw h waliva on 1990
7 AGE If LESS than	and that daath occurred on the data stated above, at
yrs	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Hammer	
particular kind of work	Taralysis of left side
(b) General nature of industry business, or establishment in	(Durstion) vrs. / mos. 18 ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) emalle ania	Secondary Secondary
10 NAME OF Junkshown	(Signed) SENTON M. D.
OF FATHER (State or country) (State or country) (State or country)	*State the Pissase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
C 12 MAIDEN NAME OF MOTHER WARRANT	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) (M. Renown)	ients or Racent Residants) At place of deathyrsmosds, Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
IT Should	Former or usual residence
(Informant) Farme Mehrer. (Address) Dort Deposit	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL March 17 1230
15 Filed 3/10 192 20 St. Soulers Registrar	20 ONDERTAKER J. ADDRESS LE G. Catterson Gerrholle,
If mora blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requasting V. S. No. J.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise speciments who receive a thome, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condi-Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; " "Convulsions, Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH County Occident	02003 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 96
Village or City Oort Deportion. 2FULL NAME Lewis Wa	St: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDGED, WILDWED WHITE SHEWOOD	16 DATE OF DEATH Jeb. 218, 1930 (Month) (Day) (Year)
Select 31, 1857	that I last saw h.M. alive on
1/2	and that death occurred on the date stated above at 4.30.P.m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Spopland suffered strake of of spoud strake of of spoud of suffered by the suffered of the suf
9 BIRTHPLACE (State or country) 1 1D NAME OF	Contributory Secondary Normaling (Duration) yes
FATHER Jes, J, Walla'se II BIRTHPLACE OF FATHER Z (State or country) Md,	(Signed) 1926 (Address) *State the lis ase Cassing Death, for in deaths from Violent Cayley, state (f) (Moans of Injury and (2) Whether Accidental Special of Homicident.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(Informant) Nevry Selden (Informant) Nevry	Where was disease contracted, if not at place of dea h? Former or usual residence. SPILACE OF BURIAL OR REMOVAL ADDRESS OL AMBRESS OL AMBRESS
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

3

(Approved by U. S. Census and American Public Health Association.)

Spinner. should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octized 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Scrunt, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, (b) For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Strtement of Cause of Death—Name, first, the DISEALE (USING BEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid for malignant neoplasms); Measles, Chronic valvular heart diseasc etc. The contributory Nomenclature of the "Ilaemorrhage,

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-Every item of information should be carefully supplied. ACE thould be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of oertificate. CORD WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

V. S. No. 1

N.B.

PLACE OF DEATH	04182 STATE OF MARYLAND
County County	CERTIFICATE OF DEATH
Cold Imp. WITHIN GOMPONATI	Y/ . Registration Dist. No. 9
William or City (200 Shells (No.	in Nospital St.: Ward) (If death occurred in
Village or City (No.	a hospital or institu-
2FULL NAME Nathan 6.	tralls stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white (Write the word)	16 DATE OF DEATH CIPIL 1980
6 DATE OF BIRTH	(Month) (Day) (Year)
may 1 . \$65	Marce 31 1920 april 12, 1920,
(Month) (Pay) (Year)	that I last saw ham alive on apall 1st , 1920,
7 AGE IfLESS than	and that death occurred on the date stated above, at 530 h.m.
I dayhrs.	The CAUSE OF DEATH * was as follows:
B OCCUPATION mos. ds. or min.?	Man H
(a) Trade, profession or	Clasure I agrando :
particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos de.
Q BIRTHRI ACE O. IP	Contributory
(State or country) florth larolina	(Duration) vis nos nos de.
FATHER PRINTED CITATION	(Signed) M. D.
11 BIRTHPLACE	Mar 2 1920 (Address) Calata ma
OF FATHER (State or country) North Carolina	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Martha Phillip	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER DOMESTICAL	At place of death yrs mos ds. In the State yrs ds.
(State or Country)	Where was disesse contracted, if not at place of dea.h?
Man B. The Whele	Former or usual residence Clk Mills Mid
(Address) Elt Nills Mil	ON Da, Charles 1980
15 Filed Opin 12 19230 January Frager	20 INDERTAKER LEVELLE CONTRESS and
If more blanks are needed, addre.s Ltage Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association).

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Luy laborer, Farm laborer, Luborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH g. ged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Playsician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus Farmer (re-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, arst line will be sufficient, e. g., Farmer or Planter, engineer, For many occupations a single word or term on or At Home, and children, not gainfully emyis). For persons who have no occupation (b) Cotton mill; (a) Salesman, (b) Stationary fireman, etc. But in many Automobile factory. The material 6) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Brönchopneumonia ("Pneumonia,")

> stated unless important. Example: Mcasles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Deblity" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; State cause for which surgical operation was underapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; etc. The contributory Measles;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N.B.

PLACE OF DEATH County CCL	13713 STATE OF MARYLAND CERTIFICATE OF DEATH
Cara	Registration Dist. No.
Village or City Com (No	St.: Ward) (If death occurred in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 20 Venular 11, 1930 (Month) // (Day) /930Year)
6 DATE OF BIRTH July (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Movember 4 1930 to Movember 11, 1930 that I last saw hamalive on Movember 11, 1930
7 AGE If LESS than 1 day hrs. day or min.?	and that death occurred on the date stated above, at 6.150m. The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or — particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. 2 mos. ds.
9 BIRTHPLACE (State or country) May law 10 NAME OF FATHER Bestram wash	Contributory Secondary (Durstion) yrs. mos. ds. (Signed) ### Secondary (Durstion) ### Julian (Signed) #### Julian ###################################
OF FATHER (State or country) May law 12 MAIDEN NAME OF MOTHER Helew Rothwell	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLENGE	At place of death
(Informant) Bestraue Ward (Address) Elkton M 15 Filed Nov /3 1980 Joseph Bar E. Registrar	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Electron 2 DATE OF BURIAL Mw /3. , 19 3 0 20 UNDERTAKER THE WAR STATE OF BURIAL ADDRESS Electron 2 Date of Burial

If more branks are needed, address State Ragistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

barrille

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer the duties of the en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a household only (not paid Housekeepers who receive a nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer lie Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery, Wom-

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway traintaken. : For violent deaths state means of injury can be ascertained as the cause. (secondary Whooping Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need Chronic valvular heart disease; etc. The contributory Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

X	HYSI- Exact	PLACE OF DEATH	14883 STATE OF MARYLAND
7	EX	County Clerk	CERTIFICATE OF DEATH
	Y, P	1	Registration Dist. No. 92
CORD EXACTLY classificate.	ated EXACTLY operly classificate.	Village or City Classer, (No. Musse No. Wary & War	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	properly of certif	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ANENT	ould be stamay be pre	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 4 2 , 1920
A PERM	s o	6 DATE OF BIRTH Oug 6, 185/ (Mogen) (Day) (Year)	17 I HEREBY CENTIFY, That I attended the deceased from 1920. to 1920.
HIS IS	d. A so t ruct	7 AGE 19 yrs. 3 mos. 27 ds. or min.?	and that death occurred on the date stated above, at #10 Pm. The CAUSE OF DEATH * was as follows:
KTH suppli n term	= -/	(a) Trade, profession or Hause Keeping	5 Left arm
DING 1	SATH in piai	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory (Sugaran ungerentation)
UNFAL	F DEAT	(State or country) Maryland 10 NAME OF FATHER 2/B	Secondary (Signed) Justin M. D. (Signed) M. D.
ITH she	SE ON IS	11 BIRTHPLACE OF FATHER (State or country) New, Gott	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
, , , , , , , , , , , , , , , , , , ,	information state CAU CCUPATIO	of MOTHER Cashesiic Keith 13 BIRTHPLACE	Accidental, Suicidal of Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
E	of o	OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsmosds. Stateyrsmosds. Where was disease contracted, if not at place of death?
WRITI	Every Item CIANS sho statement	(Informant) Ward Ward (Addraw) Cekloù Mid RD-4	Former or usual residence
F	. BEve	15 File Del O 19230 Hawn House Registrar	20 Merry Stell Centery Not. 1, 150
	70		come con the transfer of the t

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Shock," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perionaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury diseases resulting from childbirth or miscarriage as ", Uraemia, (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse, Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease Chronic valvular heart disease; ," "Coma," "Convulsions, etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.

N. B.-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD I, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR MARGIN RESERVED WRITE V. S. No. 1

	PLACE OF DEATH	12846 STATE OF MARYLAND
	County Cecil	CERTIFICATE OF DEATH
	llage or City Election (No. A)	Registration Dist. No. 9 St.: Ward) (If death occurred ima hospital or institution, give its NAME instance of street and
	2FULL NAME COLLEGE / 1.	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
20	Hale White Single, MARRIED WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March 25, 1930 (Month) (Day) (Year)
6	CATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Mov 20 1920. to 25, 1930, that I last saw har alive on mov 24, 1930,
	80 yrs. 5 mos. 23 ds. If LESS than day hrs. or min.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
	b) General nature of industry faints, v Pafer which employed or (employer)	(Duration)yrsde,
9 6	State or country) Uscousie	Contributory Secondary (Duration) yrs
TS	11 BIRTHPLACE OF FATHER P OF FATHER	(Signed)
PAREN	(State or country) 12 MAIDEN NAME OF MOTHER Sarah Sel	Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place in the of death yrs mos ds. State yrs ds. Where was disease contracted, if not at place of death?
14	(Informant) Man fame A Warnen (Address) Address	if not at place of dea.h? Former or usual residence
15	Filed fland Le 1930 f. Muy Michael	20 UNDERTAKER DE SKlou Zud
	If more banks are needed, address Ltate Registras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer state oecupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, . household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an eases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative healthtired 6 yrs). Spinner, (b) Cotton mill; (a) Salesman. Civil engineer, whatever, write Nonc. Housemaid, etc. If the occupation has been changed griged in domestic service for wages, as Servant, Cook, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, - Compositor, Architect, tle; arst line will be sufficient, e. g., Farmer or Planter, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The to know (a) the kind of work and also (b) the For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery; material

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jeper (never report "Typhoid Pneumonia"); Lobar pueumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the eause. Always qualify all "Enhaustion," "Heart failure," "Jaemorrhage, "Thanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, eausing death), 29 ds.; Bronchopncumonia (seeondary) use of "Tumor" for malignant neoplasms); Measles; (name origin; "Caneer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as tions, such as "Asthenia," "Anaemia" (merely symptom-(seeondary or intercurrent) affection Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train American Medical Association.) peritonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi Chronic etc. The contributory valvular heart disease; nced not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HYSI-Exact

PLACE OF DEATH County Ce cil Village or City Chesapeake (No. 2) 2FULL NAME Laura M. Wa	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) St.: Ward) tton, give its NAM stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH , 192 (Month) (Day) (Ye
6 DATE OF BIRTH Seft 20, 1872 (Month) (Day) (Year)	that I last aw her alive on June 102
7 AGE 1 If LESS than I day hrs. or min.? 8 OCCUPATION (a) Trade, profession or A Average (b) General nature of industry	and that death occurred on the date stated above, at
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration) VIS
10 NAME OF FATHER Cliad Watson 11 BIRTHPLACE OF FATHER (State or country) Many Cand	*State the Discase Causing Death, or, in deaths for Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal.
OF MOTHER Heunette Morgan 13 BIRTHPLACE OF MOTHER (State or Country) Mary Land	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, 7 ients or Recent Residents) At place of death yrs mos ds. State yrs mos Where was disease contracted,
(Informant) Mrs Harry Price (Address) Clesapeake City 15 Filed 9/17 1980 B. Haward Brown	if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS El Ntons, 1

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

attended the deceased from

M. D.

deaths from (2) Whether

spitals, Institutions, Trans-

DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic affection need valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD , WITH UNFADING INK--THIS IS A PERMANENT BINDING MARGIN RESERVED FOR WRITE

S. No. 1 0

1PLACE OF DEATH	02847 STATE OF MARYLAND
County Cecil	CERTIFICATE OF DEATH
2.00	74a Registration Dist. No. 94
Village or City Charlestown (No	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
maly White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March 21, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH Not Known , 1 8 51 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Jan. 2 1930. to Much 31, 1930, that I last saw humalive on Feb. 14, 1933,
7 AGE If LESS than 1 day hrs. ds. or min.?	
a occupation (a) Trade, profession or farticular kind of work	alteromata
(b) General nature of industry business, or establishment in	(Duration) /S yre. rnos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs
10 NAME OF Long. Way	(Signed) Ti Magraw M. D. March 231930 (Address) Penyulle
UN 11 BIRTHPLACE OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Litchenels	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country).	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea.h?
(Informant) William Way	usual residence
(Address) Charlestown, Mol	Charlestown M. E Curity Mar 24, 19 3.0
15 Filed 3-24-30 192 Loll. Cutting Registras	Joseph R Grant north East
If more banks are needed, address State Registra	ar 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Furm laborer, Luborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material (b) Grocery;

Strtement of Cause of Death—Name, first, the DISEARE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

384

St.:

0	I A	7	Į		-	J	1	IV	IM	L	k.	L_	M	13	L	
E	R	T	1	FI	C	A	T	E	0	F	1	D	E	A	T	ŀ

(If death occurred in a hospital or institu-tion, give its NAME is-stend of street and number.)

CER	TIFIC	ATE	OF	DEATH
	Registra	tion D	ist. No	96

Ward)

	lage or Cit	y U.S. Ve	te ran s	1 Но	anital	Perry	P
	2FL	LL NAME	WEBER	, Fre	ederid	R.	C-
	PERSO	NAL AND	STATIST	CALI	PARTICU	JLARS	
	nal e	4 COLOR White	OR RACE	WID OR I	RIED. MO OWED. DIVORCED te the word		
D	ATE OF BII	RTH					
		***************************************	De cem		5 (Day)	, 1898 (Year	*****
A	GE .	31 yrs.	6	mos	11 de	If LESS the last last last last last last last last	ırs.
pa pa	articular kir	rofession or nd of work		Во	ok bin	der	
bu	usiness, or	nature of ind establishment yed or (emplo	in		•••	******************	
8	(State or co		P	hilad	de lphis	, Pa.	
	10 NAME (Unl	cno wn		
KENIS	OF FATH (State of			Unl	cnown		
A A A	12 MAIDER OF MOT			Unl	mown		
1	OF MOT			Unl	cno wan		
4 7	HE ABOVE	IS TRUE TO	THE BEST	OF M	KNOWL	EDGE	
	(Informan	t)	Hospi	tal	Record	3	
	(Add	ress)	Pe	rry	Point,	Md.	

19 1930 Charles W. Morreson

If more bianks are needed, address tata Registrar, 16 W. Saratoga St. Balto, Requesting V. S. No. 1.

MEDICAL C	ERTIFICATE	OF DEATH	1
16 DATE OF DEATH	June	16	, 19 20.
**************************************	(Month)	(Day)	(Year)
17 I HEREBY CER	TIFY, That I at	tended the	deceased from
December 11	92 6. to Jur	le 16	, 19230.
that I last saw h imaliv	a on	ne16	, 1:50.
and that death occurred or The CAUSE OF DEATH * v		d above, at 3	:40 P. m
Perforation of t foreign body.	he duodeni	m by sw	allowed
***************************************	(Duration) Apr	rxoimat	ely 6
l. Peri	tonitis. 2	. Deme n	tia
Secondary Practox	, Hebephre	nic Typ	e, pro.
(Signed F. E. LES LIE June 199230 (Ad	Durau 1. 3 hrs. Med. Offic dress) Perx	pproxim #2.4 er in C y Point	ately ds yrs M. D rarge M. D Md
*State the Disease Violent Causes, state (Accidental, Suicidal or Hor	Causing Death, 1) Means of 1stricted.	or, in d	eaths from 2) Whether
18 LENGTH OF RESIDEN	:8)		
At place 3 yrs. 6 mos. 5	ds. In the	te Unk	nown de
Where was disease contracted, if not at place of dea.h?	Perry Poi	nt, Md.	
Former or 5128 Ha	rlam St.,	Phila.,	Pa.
19 PLACE OF BURIAL OR Arlington National	1 Cemetery		F BURIAL
Was hington, D		ADDRESS	
Bemington & S	on Havre	de Grac	e Md.

nformation should be carefully supplied. ACE should be Stated state CAUSE OF DEATH in plain terms so that it may be properCUPATION is very important. See instructions on back of cert WITH UNFADING INK--THIS MARGIN RESERVED -Every Item of info CIANS should sta statement of OCCI WRITE m

15

Filed June

PHYSI-

classified.

certi

EXACTL

PERMANENT BINDING

FOR

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The not gainfully em-(6) material Grocery; Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinul Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> Capproved telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "Inanition," "Marasmus, Viu Age, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on cough; Chronic etc. valvular heart Nomenclature The contributory disease;

data is essential and must be obtained before the certificate is permanently filed. answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

0 3 No.1

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 97
Village or City Chow (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and
2FULL NAME OF STREET	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH March 25, 1902 (Month) (Day) (Year)	that I last saw h La alive on S 192 192 192 192 192 192 192 192 192 192
TAGE If LESS than day hrs. day hrs.	and that death occurred on the date stated above, at
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Manuland.	Contributory Olivery Secondary (Duration) yrs. mos. 4 ds.
10 NAME OF FATHER Herbert Wesley 11 BIRTHPLACE OF FATHER	(Signed) M. D. 192 (Address) M. D. *State the l'isease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
(State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 10 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transminents or Recent Residents) At place of deathyrsmos,ds. Where was disease contracted,
(Informant) Gertie R. Wesley (Address) Childs M. R.D.	if not at place of dea h? Former or usual residence
15 Filed Soul 9 1930 / Days Registras	a. T. abenjathy Elstonid
If more hanks are needed, addre.s Ltate Negistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. i.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "For man," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engincer, tion applies to e.ch and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> st.tcd unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify ali tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstilial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

V. S. No. 1

ż

1PLACE OF DEATH County Cecil	02848 STATE OF MARYLAND CERTIFICATE OF DEATH
01	Registration Dist. No. 95
Village or City Classonh Hellino.	St.: Ward) (If denth occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wail 4 COLOR OR RACE MARRIED, Single WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 30, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH # 26-, 1909 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from march 29, 1980. to march 30, 1980. that I last saw home, alive on march 30, 1980.
7 AGE If LESS than 1 day hrs. 2 0 yrs. // mos. 4 ds. or min.?	The CAUSE OF DEATH * was as follows:
COCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Preumonia lobas - double (Duration) yrs. mos 2 ds. Contributory 22012
10 NAME OF FATHER 10 IN BIRTHPLACE OF FATHER (State or country) (State or country)	(Signed). (Duration) yrs mos. ds. (Signed). (Signed). M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Cib arree Self.	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Informant) Was Mary & Wallen	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Collion R D M of 15 Filed Opp 1980	Penn Hill Sorcester Co. Pa. Upul 3, 1930 20 UNDERTAKER A. E. Lyson Rising Sun Med
If more bianks are needed, address tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specimeanous as any laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Solesman. (b) Grocery, (a) Foreman, (b) Automobile foctory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Physician, For many occupations a single word or term on Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-pinal fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; " "Marasmus," "Old Age," "Shock," ChronicCarcinoma, Sarcoma, etc., of etc. affection need not be valvular heort diseose; The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. cper.y-olassifi Village or City (If death occurred in Ward) a hospital or institu-tion, give its NAME ir-stead of street and **2FULL NAME** number.) stated PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE 3 SEX COLOR OR RACE 16 DATE OF DEATH MARRIED be De WIDOWED. back OR DIVORCED pine may I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that instruction (Month) (Day) (Yesr) 7 AGE IIf LESS than and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in UNFADING (Duration) which employed or (employer) I Contributory BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF T (Signed) shoul E CF FATHER 6 192 (Address) 11 BIRTHPLACE S OF FATHER CAUSE CAUSE the I is see Causing Death, or, in Z deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) ш 12 MAIDEN NAME 00 18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans-OF MOTHER Inform state CCUP/ ients or Recent Residents) CCO 13 BIRTHPLACE At place In the OF MOTHER of death .yrs......mos... (State or Country) should ent of Oc Where was disease contracted, of if not at place of dea.h? Every item CIANS sho statement item Former or usual residence DATE OF BURIAL ADDRESS 2 If more banks are needed, address tate Registrer, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING

SERVE

MARGIN

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—('out many, at home, who are engaged in the duties of the tired 6 yrs). For persons who have no occupation Spinner, sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. g gee in domestic service for wages, as Servant, Cook, Housequaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on emun, (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid " "Marasmus," "Old Age," "Shock," or intercurrent) affection need not be Chronic and consequences (e.g., sepsis, etc. The valvular heart disease; contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

o'N

	PERSONAL AND STATISTICAL PARTICULARS	MEDIC
3 51	A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 D.	May 14 , 1910	That I last saw have
7 A	(Mofth) (Day) (Year) GE [If LESS that	and that death occur
-	19 yrs. 8 mos. 9 ds. or min	
(b	o) General nature of industry / usiness, or establishment in	
bi	o) General nature of industry // usiness, or establishment in which employed or (employer)	Contributory Secondary
bi	SIRTHPLACE (State or country) 10 NAME OF FATHER A awid Wherry	
bi	usiness, or establishment in which employed or (employer) SIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 Avid Wherry 13 BIRTHPLACE OF FATHER (State or country)	Secondary
9 B	usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER David Wherry 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Lilian Steward	(Signed) *State the lyiolent Caus s,
PARENTS	usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER David Wherry 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 MOTHER (State or country) 16 MOTHER (State or country) 17 MOTHER (State or country)	Secondary (Signed) *State the Violent Causs, Accidental, Suicida 18 LENGTH OF R ients or Recent R At place of death yrs. Where was disease con
PARENTS	usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER A avid Wherry 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) *State the Violent Caus s, Accidental, Suicida 18 LENGTH OF R ients or Recent F At place of death yrs. Where was disease con if not at place of de Former or usual residence.
PARENTS	usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER David Wherry 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 MOTHER (State or country) 16 MOTHER (State or country) 17 MOTHER (State or country)	(Signed) *State the Violent Caus s, Accidental, Suicida 18 LENGTH OF R ients or Recent F At place of death

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

St.: Ward)

Registration Dist. No.

(If death occurred in

a hospital er institu-

DATE OF BURIAL

tion, give Its NAME irnumber.) MEDICAL CERTIFICATE OF DEATH 6 DATE OF DEATH I HEREBY CERTIFY, That I attended the deceased from nd that death occured on the date stated above, at ... he CAUSE OF DEATH * was as follows: Contributory Secondary *State the Discase Causing Neath, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the State.....yrs.....mos..

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Where was disease contracted,

PLACE OF BURIAL OR REMOVAL

(Approved by U. S. Census and American Public Health Association.)

er," et., without more previous all mine, etc. Wom-luborer, Farm laborer, Laborer—Coul mine, etc. Wom-en at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gazza in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Cure should be taken work, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples : (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physiciam, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farn or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (redefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Statement of Occupation-Precise statement of ocreport Foreman, For many occupations a single word or term on specifically the occupations of persons en-For persons who have no occupation (b) Automobile factory. The material Sulesman. Growry;

Statement of Cause of Death—Name, first, the Diseasm Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphial fever (the only definite synonym is "Epidemic cerebrosphial meningitis"); Diphtheria (avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Johan pneumonia. Bronchopneumonia ("Pneumonia";

atic), "Atrophy." "Collapse." "Coma." "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "(Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid tolunus) may be stated under the head of "contributory." carbolic acid-probably suicide. The niture of the injury, or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage causing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, etc. Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by rollway troinand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, American Medical Association.) Never report mere symptoms or terminal condi-" "Marasmus, " "Old Age, " "Shock," cough; Chronic valvular heart Nomenclature The contributory discuse;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the cartificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation without more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease affection need not be etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Male White WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH March 30 , 189 (Month) (Day) (Y		2F	ULL NAME	WHIT	E, E	larry	0.
Male White Warch (Month) (Month) March March (Month) March		PERSO	DNAL AND	STATIST	ICAL	PARTIC	ULARS
March 30 , 189 (Month) (Day) (Y 7 AGE 34 yrs. 9 mos. 18 ds. or B OCCUPATION (a) Trade, profession or particular kind of work					WIE	RRIED, DOWED DIVORCE	Marrie
(Month) (Day) (Y 7 AGE 34 yrs. 9 mos. 18 ds. or lday or laborer 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER William White 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Unknown 13 BIRTHPLACE OF MOTHER Germany	6 [DATE OF B	IRTH				
34 yrs. 9 mos. 18 ds. or law o			000400000000000000				, 1.89
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER William White 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Unknown 13 BIRTHPLACE OF MOTHER Germany 14 Germany 15 BIRTHPLACE OF MOTHER Germany 16 Germany 17 Germany 18 Germany 19 Germany 19 Germany 10 Germany 10 Germany 10 Germany 11 BIRTHPLACE OF MOTHER Germany	7 4	GE			mos	18 d	If LESS
FATHER William White II BIRTHPLACE OF FATHER Germany (State or country) 12 MAIDEN NAME OF MOTHER Unknown 13 BIRTHPLACE OF MOTHER Germany	M	a) Trade, 1	on profession o	r			
OF FATHER Germany (State or country) 12 MAIDEN NAME OF MOTHER Unknown 13 BIRTHPLACE OF MOTHER Germany	(p () b v	a) Trade, particular k b) General business, or which emplo	profession of ind of work nature of in establishme oyed or (emp	ndustry ent in ployer)		Labo re	r
of MOTHER Unknown 13 BIRTHPLACE OF MOTHER Germany	(p () b v	a) Trade, particular k b) General business, or which emploises (State or	profession of ind of work nature of in establishme oyed or (emperorm)	ndustry nt in ployer)	ittsi	Labore	r
13 BIRTHPLACE OF MOTHER Germany	9 8	a) Trade, particular k b) General usiness, or which emploise the control of the c	profession of ind of work nature of in establishme oyed or (empoyed or (empountry) OF R PLACE	ndustry ent in ployer) P:	ittsl	Labore	r
	ARENTS 6	a) Trade, particular k b) General usiness, or which emploised the control of the	or of country) OF R PLACE THER OT COUNTRY) NAME	ndustry ent in ployer) P: William Gern	ittsh Whit	Labore	r

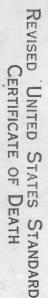
0	-	Bor	\$10	37
	-2	8	ş	1
0:		U	ş	7

STATE OF MARYLAND CERTIFICATE OF DEATH

Perry Point, Md.

Registration Dist. No.

MEDICAL CERTIFICATE OF DEATH I6 DATE OF DEATH January 17, 19 (Month) (Day) (I HEREBY CERTIFY, That I attended the decease January 9, 1930, to January 17, that I last saw h im alive on January 17, and that death occurred on the date stated above, at 7:50. The CAUSE OF DEATH * was as follows: Thrombos is of the Abdominal Aorta. (Duration) yts mos or Contributory Secondary (Duration) yts mos was ended to the death of the Abdominal Aorta. (Signed) F.E. LESLE; Med. Officer in Chary Jane 17, 1930 (Address) Parry Point May and (2) What Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents) At place of death yrs mos des. Where was disease contracted, Unknown if not at place of death? Former or usual residence 3240 Richardson Ave State Bull Undertaker; Walter Neely, Penn. Ave, N.S. Pittsburgh Pas Address	urred in institu- AME in- et and
(Month) (Day) (Month) (Day) (Month) (Day) (Month) (Day) (Day) (Month) (Day) (D	
Jamary 17, 19 (Month) (Day) (
(Month) (Day) (17 I HEREBY CERTIFY, That I attended the decease Jamuary 9 1920 to January 17, that I last saw h im alive on January 17, and that death occurred on the date stated above, at 7:50. The CAUSE OF DEATH * was as follows: Thrombos is of the Abdominal Aorta. (Duration) yts. mos. (Signed) F. E. J. ESLE, Med. Officer in Charge Jan. 17 120 (Address) Perry Point Med. *State the I is ase Causing Death, or, in deaths Violent Causes, state (1) Means of Injury and (2) Wh. Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents) At place of death yrs. mos. 8 ds. State yrs. mos. Where was disease contracted, if not at place of death? Former or usual residence 3240 Richardson Ave. M.S. P. 19 PLACE OF BURIAL OR REMOVAL Under taker: Walter Neely, Penn. Ave., N.S. Pittsburgh 20 UNDERTAKER	
I HEREBY CERTIFY, That I attended the decease Jamuary 9 1930 to January 17, that I last saw h im alive on January 17, and that death occurred on the date stated above, at 7:50. The CAUSE OF DEATH * was as follows: Thrombos is of the Abdominal Aorta. (Duration) yts. mos. Or Contributory Secondary (Signed) L. T. L. Med. Officer in Charge Jan. 17 190 (Address) Perpy Point Med. 18 19 19 19 19 19 19 19 19 19 19 19 19 19	230.
that I last saw h im alive on January 17, and that death occurred on the date stated above, at 7:50 The CAUSE OF DEATH * was as follows: Thrombos is of the Abdominal Aorta. (Duration) (Duration) (Signed) (Signed) (Duration) (Duration) (Signed) (Signed) (Duration) (Duration) (Signed) (Signed) (Signed) (Address) (Duration) (Duration) (Duration) (Signed) (Signed) (Address) (Duration) (Duration) (Signed) (Signed) (Signed) (Address) (Duration) (Duration) (Duration) (Signed) (Signed) (Signed) (Address) (Duration) (Duration) (Duration) (Signed) (Signed) (Signed) (Address) (Duration) (Duration) (Signed) (Signed) (Signed) (Signed) (Address) (Duration) (Duration) (Duration) (Signed) (Signed) (Signed) (Address) (Duration) (Duration) (Signed) (Signed) (Signed) (Signed) (Address) (Duration) (Duration) (Duration) (Signed) (Signed) (Signed) (Address) (Address) (Date of the Causes of Injury and (2) What is a death of Injury	
and that death occurred on the date stated above, at 7:50 The CAUSE OF DEATH * was as follows: Thrombos is of the Abdominal Aorta. (Duration) (Duration) (Contributory Secondary (Duration) (Signed F.E. LESLIE, Med. Officer in Chery Jan. 17 (Signed F.E. LESLIE, Med. Officer in Chery Jan. 17 (Signed F.E. LESLIE, Med. Officer in Chery Jan. 17 (Signed F.E. LESLIE, Med. Officer in Chery Jan. 17 (Signed F.E. LESLIE, Med. Officer in Chery Jan. 17 (Signed F.E. LESLIE, Med. Officer in Chery Jan. 17 (Signed F.E. LESLIE, Med. Officer in Chery Jan. 19 (Signed F.E. LESLIE, Med. Officer in Chery Jan. 19 (Signed F.E. LESLIE, Med. Officer in Chery Jan. 19, 19 (Signed F.E. LESLIE, Med. Officer in Chery Jan. 19, 19 (Signed F.E. LESLIE, Med. Officer in Chery Jan. 19, 19) (Signed F.E. LESLIE, Med. Officer in Chery Jan. 19, 19) (Signed F.E. LESLIE, Med. Officer in Chery Jan. 19, 19)	
and that death occurred on the date stated above, at 7:50 The CAUSE OF DEATH * was as follows: Thrombos is of the Abdominal Aorta. (Duration) (Duration) (Contributory Secondary (Duration) (Signed F.E. LESLIE, Med. Officer in Chery Jan. 17 (Signed F.E. LESLIE, Med. Officer in Chery Jan. 17 (Signed F.E. LESLIE, Med. Officer in Chery Jan. 17 (Signed F.E. LESLIE, Med. Officer in Chery Jan. 17 (Signed F.E. LESLIE, Med. Officer in Chery Jan. 17 (Signed F.E. LESLIE, Med. Officer in Chery Jan. 17 (Signed F.E. LESLIE, Med. Officer in Chery Jan. 19 (Signed F.E. LESLIE, Med. Officer in Chery Jan. 19 (Signed F.E. LESLIE, Med. Officer in Chery Jan. 19, 19 (Signed F.E. LESLIE, Med. Officer in Chery Jan. 19, 19 (Signed F.E. LESLIE, Med. Officer in Chery Jan. 19, 19) (Signed F.E. LESLIE, Med. Officer in Chery Jan. 19, 19) (Signed F.E. LESLIE, Med. Officer in Chery Jan. 19, 19)	1920,
The CAUSE OF DEATH * was as follows: Thrombos is of the Abdominal Aorta. (Duration) (Duration) (Signed P. E. LESLIE, Med. Officer in Charge of Lester the Lister Recorded and Causes, state (1) Means of Injury and (2) What Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents) At place of death yrs mos 8 ds. State yrs mos Where was disease contracted, if not at place of death? Former or usual residence 3240 Richardson Ave MS Promer or usual residence Walter Neely Penn. Ave. N.S. Pittsburgh 20 UNDERTAKER ADDRESS	A. m.
Contributory Secondary (Duration) (Signed) F.E. LESLIE, Med. Officer in Charge Jan. 17 (Address) Porry Point Med. *State the listage Causing Death, or, in deaths Violent Causes, state (1) Means of Injury and (2) Wh. Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents) At place of death yrs mos. 8 ds. State yrs mos. Where was disease contracted, in the State yrs mos. Where was disease contracted, Unknown If not at place of deah? Former or usual residence 3240 Richardson Ave Mes Pip PLACE OF BUILLIAGE	
Contributory Secondary (Duration) (Signed) P. E. LESLE, Med. Officer in Charge Jan. 17 (Address) *State the Liscase Causing Death, or, in deaths Violent Causes, state (1) Means of Injury and (2) Wh Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents) At place of death yrs mos ds. State yrs mos Where was disease contracted, in the State yrs mos Where was disease contracted, Unknown if not at place of death? Former or usual residence 3240 Richardson Ave HS Paris Bull Contract Bull Contrac	
Contributory Secondary (Duration) (Signed) P. E. LESLE, Med. Officer in Charge Jan. 17 (Address) *State the Lisease Causing Death, or, in deaths Violent Causes, state (1) Means of Injury and (2) Wh Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents) At place of death wis mos. 8 ds. State yrs mos. Where was disease contracted, in the State yrs mos. Where was disease contracted, Unknown if not at place of death? Former or usual residence 3240 Richardson Ave HS Parent Bull Contract Bull C	
Contributory Secondary (Duration) (Signed) P. E. LESLE, Med. Officer in Charge Jan. 17 (Address) *State the Liscase Causing Death, or, in deaths Violent Causes, state (1) Means of Injury and (2) Wh Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents) At place of death yrs mos ds. State yrs mos Where was disease contracted, in the State yrs mos Where was disease contracted, Unknown if not at place of death? Former or usual residence 3240 Richardson Ave HS Paris Bull Contract Bull Contrac	
Contributory Secondary (Duration) (Signed) P. E. LESLE, Med. Officer in Charge Jan. 17 (Address) *State the Liscase Causing Death, or, in deaths Violent Causes, state (1) Means of Injury and (2) Wh Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents) At place of death yrs mos ds. State yrs mos Where was disease contracted, in the State yrs mos Where was disease contracted, Unknown if not at place of death? Former or usual residence 3240 Richardson Ave HS Paris Bull Contract Bull Contrac	7
(Signed) P.E. LESLIE, Med. Officer in Charge Jan. 17 (Address) Perry Point Means of Injury and (2) Where Yolent Causes, state (1) Means of Injury and (2) Where Yolental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents) At place of death yrs mos ds. State yrs mos Where was disease contracted, if not at place of death? Where was disease contracted, Unknown if not at place of death? 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR REMOVAL Undertaker: Walter Neely Penn. Ave. N.S. Pittsburgh 20 UNDERTAKER	ds.
Signed F.E. LESLIE, Med. Officer in Charge Jane 17 1930 (Address) Perry Point Md	
Signed F.E. LESLIE, Med. Officer in Charge Jane 17 1930 (Address) Perry Point Md	ds,
*State the I is ase Causing Death, or, in deaths Violent Causes, state (1) Means of Injury and (2) Wh Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents) At place of death with most of death with most disease contracted, if not at place of death? Where was disease contracted, Unknown if not at place of death? Former or usual residence 3240 Richardson Ave HS Parameter But Undertaker: Walter Neely Penn. Ave., N.S. Pittsburgh 20 UNDERTAKER	ge M. D.
Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents) At place of death yrs mos 8 ds. State yrs mos Where was disease contracted, if not at place of death? Former or usual residence 3240 Richardson Ave H.S. Pipplace of Buildertaker: Walter Neely, Penns Ave N.S. Pittsburgh 20 UNDERTAKER Pas ADDRESS	
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents) At place of death yrs mos. 8 ds. In the State yrs mos. Where was disease contracted, Unknown if not at place of death? Former or usual residence 3240 Richardson Ave H.S. Polymore of the place of Burial or Removal Undertaker: Walter Neely, Penn. Ave., N.S. Pittsburgh and 19, address	from
ients or Recent Residents) At place of deathyrsmos	, Trans-
where was disease contracted, Unknown if not at place of dea.h? Former or usual residence 3240 Richardson Ave H.S. Pinger taker: Walter Neely, Penn. Ave., N.S. Pittsburgh and 19, 20 UNDERTAKER	
Former or usual residence 3240 Richardson Ave. H.S. Pits Place of Burial or Removal Date of Burial Or Removal Undertaker: Walter Neely, Penn. Ave., N.S. Pittsburgh Address	8ds.
usual residence 3240 Richardson Ave. H.S. Pitale of Burial or Removal Date of Burial Or Removal Undertaker: Walter Neely, Penn. Ave., N.S. Pittsburgh Address	
Undertaker: Walter Neely, Penn. Ave., N.S. Pittsburgh Address	ittsh
20 UNDERTAKER ADDRESS	RIAL
20 UNDERTAKER ADDRESS	19.30.
Pennington & Son, Havre de Grace, Mo	1.
Jecuring truster V. S. No. 1.	



(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housefulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g. ged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. Piysician, Compositor, Architect, tion applies to each and every person, irrespective of Foreman, (b) Automobile first line will be sufficient, e. g., Farmer or Planter, sician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on Farm, laborer, Laborer -- Coal mine, etc. Womyrs). For persons who have no occupation without more precise specification as Day factory. The material But iu many Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrograph of the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croung"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "Ezhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease
> can be ascertained as the cause Always qualify all tions, such as "Asthenia," "Anaemic (merely symptomstited unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perdonilis, diseases 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) and ction need Whooping cough; Chronic advular heart disease; Chronic interstitial nephritis, etc. The contributory Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJUNY resulting from childbirth or miscarriage as Example: Measles (disease Nomenclature of the not be

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.-

PLACE OF DEATH	09138 STATE OF MARYLAND
County · Cecil	CERTIFICATE OF DEATH
Total Control of English Brown Brown	Registration Dist. No.
Village or City Leslie (No.	St: Ward) (If denth occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME John White	flac steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Quy 23 , 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decensed from
april 19 1858 (Month) (Day) (Year)	Upr 6 1930 to aug 23, 1930 that I last saw friendlive on aug 23, 1930
7 AGE [If LESS than	and that death occurred on the date stated above, at // Am.
I day hrs.	The CAUSE OF DEATH * was as follows:
72 yrs. 7 mos. 4 ds. or min.?	19 A September 19 A S
8 OCCUPATION (a) Trade, profession or PA	Cerebral Hemarkage
particular kind of work	Q
(b) General nature of industry business, or establishment in	(Duration) yrs, mos ds.
Owhich employed or (employer)	Contributory Chronic Interstitial
9 BIRTHPLACE (State or country)	Secondary 3 replicates
1 10 NAME OF	Diration yrsds.
FATHER Robert Whitehead	(Signed) M. D.
IN BIRTHPLACE	ung ZH 1920 (Address)
OF FATHER Z (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a dorway	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds.
(State or Country) (nglaul	Where was disease contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Church W Willead	19 PLACE OF BURIAL OR REMOVAL A DATE OF BURIAL
(Address) Leslie, Md	Bay View Mr. aug aug 1927
15 Filed 8/27/3092 Leo W. Questes Registras	Joseph R Grant houth East Mil
If more b.anks are needed, addre.s tate Kegistra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 4rs). For persons who have no occupation business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screont, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material Grocery;

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferens (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Mcosles (disease approved by Committee on Nomenclature of the inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "IIaemorrhage, tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by roilway troin-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

properly classified of certificate. EXACTL Village or City CORD 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS should be stat PERMANENT COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) peq BINDING may be DATE OF BIRTH on that ACE In plain terms so undertant. See instruction (Month) (Day) (Year) ilf LESS than 7 AGE l day hrs supplied. RESERVED ds. or min. mos. B OCCUPATION (a) Trade, profession or INK particular kind of work be carefully EATH In plai (b) General nature of industry important. business, or establishment in which employed or (employer) MARGIN 9 BIRTHPLACE (State or country) very 10 NAME OF FATHER FO 11 BIRTHPLACE Every item of Information shall GIANS should state CAUSE etatement of OCCUPATION I PARENTS OF FATHER (State or country 12 MAIDEN NAM OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country (Informant) (Address 15 If more bianks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration D	ist. No.	72
Ward)	(If death	occurred in

1	thington	tion, give i	or institu ts NAME in street and
	MEDICAL CERTIFICATE	OF DEATH	
	16 DATE OF DEATH MON 1	24	100
	(Month)	(Day)	(Year)
	17 I HEREBY CERTIFY, That Patt	av, 10	
9			, 510± Q
	that I last saw hex alive on Ma	7	772.0
1	and that death occurred on the date stated	above, at	30 CL m
	The CAUSE OF DEATH * was as follows:		
	Terminal ane	uno	ا حکیا
	type not known aw	263	*********
			nos / da
	Contributors lake Front	Biles	nosda
	Contributory Come Secondary		
	(Duration)		nos Q ds
i	(Signed)	HCh.	M. D
	3/0/ 1900 (Address)	elon-	mas.
-	*State the Disease Causing Death, Wiolent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in dea jury and (2)	ths from Whether
	18 LENGTH OF RESIDENCE (For Hospit	tals, Institut	ions, Trans
	At place In the of deathyrsmosds. Stat	cyrə	mosds
	Where was disease contracted, if not at place of death?		0s svends 8444440000000
>	Former or usual residence	***************************************	**************
,	19 PLACE OF BURIAL OR REMOVAL	DATE OF	BURIAL
	a peabury ceur à	March	13,93
-	20 UNDERTAKER	ADDRESS	. / //

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupstion is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Without more proven Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on Compositor, Architect, Stationary fireman, etc. Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease (name origin; "Cancer" is lcss definite; avoid use of "Tumor" for malignant neoplasms); Measles; "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. (secondary or intercurrent) American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The affection need not be Always qualify all contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-		10318
0	PLACE OF DEATH	STATE OF MARYLAND
	County Carl	CERTIFICATE OF DEATH
	8161- 11	Registration Dist. No. 97
tificate.	2FULL NAME Walter	(If death occurred in a hospital or institution, give its NAME instead of street and number.)
certi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ck of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED.	16 DATE OF DEATH Sept. 10#, 1930
pa	March Cocoled Milliothe the whole	(Month) (Day) (Year)
0 0	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
suo	(Month) (Day) (Year)	that I last saw head shire on 9/0 1934
netio		
ž	The state of the s	and that death occurred on the date stated above, at
Su	// yrsmosds. ormin.?	now suformalion -
90	SPECUPATION (a) Trade, profession or	1 1 2 Day
S	particular kind of work	Deplea numoura
5	(b) General nature of industry business, or establishment in	4.
20	which employed or (employer)	Orneced from (Duration) yrs, mos ds.
odu	9 BIRTHPLACE (State or country)	Secondary 17 Janes
=	n ve.	Jelle Duguen Migo, mos la dis.
Ver	10 NAME OF FATHER PLANS I Sellenne	(Signed) Joward W. Dreen M.D.
9	0 11 BIRTHPLACE	7/10.1920(Address) Collection, my
S C	OF FATHER (State or country) 12 NAIDEN NAME	*State the l'is ase Csusing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
A L		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
2	13 BIRTHPLACE OF MOTHER	At place / In the
5	(State or Country)	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
		usual residence
Le l	(Address) Perry ville, md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
2		Maddenville, Ya, Lept 15, 1950
	Filed Lept 10 1920 fr Ments Bage	24. W Pakkin. Plklos Md.
	If more branks are needed, address tate Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more pressure of the laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, 20 For many occupations a single word or term on At Home, and children, not gainfully em-Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Exhaustion," "Heart lanue,
> "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. use of "Tumor" for malignant neoplasms); approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident, Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; Chronic Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse, Never report mere symptoms or terminal condior intercurrent) Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory valvular heart affection need not be Nomenclature of the Measles ; disease;

If this certificate is looked over thoroughly and all questions apswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD AIR , WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

V. S. No. 1

N .

ľ	PLACE OF DEATH	6356 STATE OF MARYLAND
1	County Cecil	CERTIFICATE OF DEATH Q
		Registration Dist. No. 92
	FOINT RAS	
	Village or City Willow (No.	St.: Ward) (If death occurred in a hospital or institu-
	Jen Name George Feury V	tion, give its NAME is stead of street and
	2FULL NAME TO 1920 1 1 1 1 1	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
	male white OR DIVORCED	January 5 , 192
	(Write the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
	NRC 10, 1854	1124 Alba, 21
	(Month) (Day) (Year)	that I last saw him alive on, 1924,
	7 AGE If LESS than	and that death occurred on the dato stated above, atm.
	75 yrs. 0 mos. 7 ds. or min.?	The CAUSE OF DEATH * was as follows:
4	8 OCCUPATION	=10000000000000000000000000000000000000
1	(a) Trade, profession or particular kind of work setured Sea Coptain	
1	(b) General nature of industry	
N	business, or establishment in	(Duration) yrs. mos. de.
h	which employed or (employer)	Contributory
	9 BIRTHPLACE (State or country)	Secondary
	I 10 NAME OF A	Dureton)de.
1	FATHER Thomas Willing	(Signed)
	O 11 BIRTHPLACE	Am 9 1930(Address) Casasas II a
	C (State or country) Delaware	*State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	12 MAIDEN NAME OF A PARTY	
	of MOTHER Kachel Ill.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE	At place In the
	OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds. Where was disesse contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dwa.h?
i	11 Hans Dawson	Former or usual residence
	(Informant)	19 PLACE OF BURIAL OR REMOVAL
	(Address) Newfast. No	White Clay creek Country De Jan 4, 1930
	15 1 12 1 12 1 12 1	20 UNDERTAKER ADDRESS
	Filed Jan 3 1920 / Much Traped	I Wrishin Elkton Mr
		r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	If more D.anks are needed, addre.s -tate Kogistra	. An art management and annual and a second

(Approved by U.S. Census and American Public Health Association.)

whatever, write Nonc. husiness, that fact may be indicated thus; Former (re-tired, 6 urs). For persons who have no occupation state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocg ged in domestic service for wages, as Scrumt, Cook, Housemoid, etc. If the occupation has been changed laborer, Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., Civil engineer, definite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foremun, (b) Automobile factory. The materia For many occupations a single word or term on Farm loborer, "Laborer-Coul mine, etc. Womwithout more precise specification as Doy Stolionary fireman, etc. Locomotive engineer, But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pnéumonia, Bronchopmeumonia ("Pneumonia,")

> "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be secondary intercurrent. Example: Measles (disease (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The n-ture of the injury, occident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway train-"Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1PLACE OF DEATH	10319 STATE OF MARYLAND
County Cecil	CERTIFICATE OF DEATH
V	Registration Dist. No. 92
Village or City Union Nospholal	kton) nd. St: Ward) (If death occurred in a hospitul or institution, give its NAME instead of street and
2FULL NAME Nall, Wylmer	number-)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX mole 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH S. 13
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
. april 22 . V857	Sept. 1 1950 to Sept 13 , 1950,
(Month) (Day) (Year) / 7 AGE	that I last saw ham alive on Ought, 1990,
I day hrs.	and that death occurred on the date stated above, at
73 yrs. 1 mos. 2 ds. or min.?	
(a) Trade, profession or	Sulfueline of installed
particular kind of work	mlifund Olshindu
business, or establishment in	(Duration) yreds.
which employed or (employer)	Contributory Julium Contributory
9 BIRTHPLACE (State or country)	Secondary (Duration) yrs
10 NAME OF	(Signed) Cum Cumlully, D.
FATHER Jashes Hall	Dell 1923 (Address) Want Wil
OF FATHER (State or country) Many locate	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER GOLD CAME Breek	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place
(State or Country)	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Informant) Helen Boutes	Former or usual residence Notting ham Ja R D #3
(Address) Blue Beel Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	20 UNDERTAKER ADDRESS
Filed Jan 1980 Registras	Celyde E. maser Dryond
If more banks are needed, addre.s Ltate Registra	r, 16 W. Sayatoga St., Balto., Requesting V. S. ho. 1.

WARRING BASE SAME OF VOLUMENT

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as μoy laborer, Form loborer, Loborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to cach and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Pormer (reor given up on account of the DISEASE CAUSING DEATH, guged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quesor At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Compositor, (b) Automobile foctory. The material Architect, Salesman, (b) Locomotive engineer, Grocery;

Streement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease use of "Tumor". for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, American Medical Association.) approved (Recommendations on statement of cause of death as Yracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the " "Marasmus," "Old Age," "Shock," Chronic etc. valvulor heart disease; The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BIN	IS A PER	. ACE sho
MARGIN RESERVED FOR BIN	WRITE AVEY, WITH UNFADING INK-THIS IS A PER	Visem of information should be carefully supplied. ACE shows should state CAUSE OF DEATH in plain terms so that it never the CAUSE OF DEATH in plain terms so the CAUSE OF
MARGIL	WITH UNFAL	tion should be care
1	AU, Y,	f informa
	WRITE	y item o

V. S. No. 1

	PLACE OF DEATH	19351 STATE OF MARYLAND
	County level	CERTIFICATE OF DEATH
	**************************************	(A)
	D. de	Registration Dist. No.
1	Village of Cityoudelles (No	St: Ward) (If death occurred in
		tion, give its NAME is -
	2 FULL NAME & acvience Joseph	oh Welcula stead of street and number.)
=	DESCRIPTION OF THE PROPERTY OF	1
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	S SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH 1070 8
1	Male whete OR DIVORCED	0.4
	3 DATE OF BIRTH	(Month) (Day) (Year) 1
1	DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
	1919	1920. to 1920,
-	(Month) (Day) (Year)	that I last saw han alive on 1920
7	If LESS than	
	/ yrs. 2 mos. 7 ds. or min.?	The CAUSE OF DEATH * was as follows:
	OCCUPATION	
	(a) Trade, profession or	January January
K	particular kind of work (b) General nature of industry	
(1)	business, or establishment in	(Duration)yrsmosds,
Y	which employed or (employer)	
9	(State or country) Many laced	Contributory Secondary
		(Duration) yrsmosds.
	TO NAME OF STATE OF S	(Signed) Mural Durke M. D.
	11 BIRTHPLACE	10728 1920 (Address) Plewent all.
1		
	(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
1 0	12 MAIDEN NAME IN THE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE	ients or Recent Residents)
	OF MOTHER MARY Round	At place of deathyrsmosds. In the Stateyrsmosds.
1	(State or Country)	Where was disease contracted.
14	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of des.h?
	and Mrs Viola Wilnes	Former or usual yesidence
	E. L. R. M.	19 LACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Cellul / 120	Mosps Cometeres Oct 30 1,30
II i	5 Alac mkl. & Lacer	20 UNDERTAKER PRESS
	Filed of 29 1920 Freek Free Registrar	(1.) (Planeather Cetton nech
=		, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
11	it more blanks are needed, address ctare Registrar,	s to me particular pers parters tradecatting to be true to

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Lighterer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

19139 STATE OF MARYLAND CERTIFICATE OF DEATH County-Registration Dist. No. Ward) (If death occurred in a hospital or institu-tion, give its NAME incertificate. stend of street and number.) prope PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. A COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED. WIDOWED. BINDING back (Month)-I HEREBY CERTIFY. That I attended the decessed from 6 DATE OF BIRTH (Month) (Day) (Year) and that death occured on the date stated above, at instructi 0 If LESS than 7 AGE I day hrs. torms ds. or ____min.? & OCCUPATION (a) I rade, profession or plain int. Se particular kind of work (b) General nature of industry important. business, or establishment in UNFADING _ C which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary AT (State or country) E) 70 10 NAME OF FATHER II BIRTHPLACE *State the Disease Causing Death, or, in deaths from OF FATHER Violent Caus s, state (1) Means of injury and (2) whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME œ 16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER d state ients or Recent Residents) 13 BIRTHPLACE in the At place of death... OF MOTHER State yrs mos ds. (State or country Where was disease contracted, if not at place of death? of BEST OF MY KNOWLEDGE shoul statement usuai residence. (Informant) < BURIAL 19 PLACE OF BURIAL OR REMOVAL 60 EVELY 20 UNDERTAKER Filed If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the should be used only when needed. As examples : (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," "Manager." 'Deal-Physician, Compositor, Architect. whatever, write None. Housemuid, etc. household only (not paid Housekeepers who receive a et. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm luborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesmun (b) Greery man, (b) Automobile factory. The material without more precise specification as For persons Stationary fireman, etc. But in many If the occupation has been changed who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"; Lobar pneumonia. Bronchopneumonia ("Pneumonia";

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anacmia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. (secondary or intercurrent) affection need not be Whooping .. (name origin; "Cancer" is less definite; avoid interstitial nephritis, resulting from childbirth or miscarriage by Committee on Nomenclature of the cough; Chronic etc. valendar heart disease; The contributory Sarcoma,, etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	01555 STATE OF MARYLAND
County (sul	CERTIFICATE OF DEATH
near () 0 1 al	Registration Dist. No. 95
Village or City Owandone	St: Ward) (If death occur a hospital or i
(Plans) (tion, give its NAI stead of street
² FULL NAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While White the word	Month) (Day) (Yo
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased
May 4 185	/
(Month) (Day) (Year	that I last saw he alive on 1
	an and that death occurred on the date stated above, at
18 yrs. 9 mos. 15 ds. or mir	
8 OCCUPATION	A Nowwerd: not determ
(a) Trade, profession or Retered	et whother accidental or seinseal.
(b) General nature of industry business, or establishment in	a ye al for to the deserter
which employed or (employer)	with the distriction of the state of the sta
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF/	(Duration) yrs maos
FATHER () m (1) rodrow	(Signed) Massey July State of March 1986
o 11 BIRTHPLACE	(Address) Chilly Office
C (State or country)	*State the Lisease Causing Death, dr. p deaths for Violent Causes, state (1) Moons of Injury and (2) When Accidental, Spicial of Injury and (2) When
12 MÅIDEN NAME	Accidental Spicial of Homisdal
OF MOTHER 13 BIRTHPLACE	ients or Recent Residents)
OF NOTHER TMA	At place In the of deathyrsmosds. Stateyrsmos
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	Former or usual residence
(Informant) our podroco	19 PLACE OF BURIAL OR REMOVAL DATE OF BURI
(Address) (Owlandsvelle //	Harmony Chapel Ith 22
15 74 21 31	20 UNDERTAKER ADDRESS
Filed 1920 1920 The attack of the spiriter	1. E. Tuson, Rising Sun.
If more banks are needed, address tate Kegist	trar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1
Timoine esserie 2-20-1	730

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthtipred 6 yrs). For persons who have no occupation laborer, Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. Physician, Compositor, Architect, report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many 9 Automobile factory. The materia Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASS CLUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage "PUERPERAL septicaemia," "PUERPERAL peritonitis," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by ruilway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) for malignant neoplasms); Measles; Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	0357 STATE OF MARY
County Lecil	CERT!FICATE OF
0 0	Registration Dist. No
Village or City diberty Trove (No.	St.: Ward) a hos
2 FULL NAME LIVE Stewey	Woodrow tion, stead numb
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
Married While Single, Married Widowed. While OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day)
6 DATE OF BIRTH	17 A I HEREBY CERTIFY, That I Attended to
July 7 . 188	1 1930 . to Jam 2
(Month) (Day) (Yea	
7 AGE If LESS t	
445 yrs. 5 mos. 2 7 ds. or m	
8 OCCUPATION	
(a) Trade, profession or Farmer	British Indiana
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrs,
9 BIRTHPLACE	Contributory Secondary
Deerle Co Maryland	(Duration) Jre
10 NAME OF	(Sized) My Lach
FATHER Slephen Woodrow	- Um3 1928 (Address) / 69M
OF FATHER (State or country) Cecil Md	*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury an Accidental, Suicidal or Homicidal.
of MOTHER Therese Grislith	18 LENGTH OF RESIDENCE (For Hospitals, In-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country) Speil Me,	of deathyrsds. Stateyr
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
ning Winchester	Former or usual residence
(Informant) Mula Muchester	19 PLACE OF BURIAL OR REMOVAL DAT
(Address Richarly Trove, Md	West nothinghan Cometing to
15 04 7- 31	20 UNDERTAKER ADDR
Registrar	1. E. Zyson Res
If more blanks are heeded, gddress state Regis	strar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) St.: Ward)

MEDICAL CERTIFICATE OF DEATH
6 DATE OF DEATH (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from 2, 1930, to 2, 1930, hat I last saw h in alive on 2, 1930
The CAUSE OF DEATH * was as follows:
Julimman Internations (Duration) # yrs, mos. d
Contributory Secondary Ourston yre, mos, d
Signed) / Law M. T. M. T
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
B LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
At place In the following the state of death with the state of death with the state of death?
Former or usual residence
PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

Spinner, laborer, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of octo report definite salary), may be entered as Housewife, House-Foreman, (b) For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day specifically the occupations of persons en-For persons If the occupation has been changed Automobile factory. The material Laborer-Coal minc, etc. who have no occupation (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria 'avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock, (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi or intercurrent) affection need not be Committee on Nomenclature Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PLACE OF DEATH County Cecil	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Elslow (No	Registration Dist. No. St.: Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Rovember 7, 1980 (Month) (Day) (Year)
May 2/ , 1930 (Month) (Day) (Year)	that I last saw h & alive on 2000 to 5 , 1930,
7 AGE If LESS than I day hrs. or min.?	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 5 mos. de.
9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER Hobble & Carler 11 BIRTHPLACE OF FATHER (State or country) Vacantice	Contributory Secondary Durstioa) Signed) Post of the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Cla Dreve Woods 13 BIRTHPLACE OF MOTHER (State or Country) Manyland	Accideatal, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transionts or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Hobe H. Cecler	Former or usual residence
(Address) Elston Mel 15 Filed 11078 1920 J. Bank Registrary	Cherry Hell 100 8, 1930. 20 UNDERTAKER CALLON MIN.
If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion amplies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Physician, Compositor, Architect, Locomolive engineer, business, that fact may be indicated thus; Farmer (net tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scruant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househou ehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—cont mine, eve. when en at home, who are engaged in the duties of the whatever, write None. or given up on account of the DISEASE CAUSING DEATH report specifically the occupations of persons en-Foreman, For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. (b) Automobile factory. The material single word or term on 6 Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup", fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebro pinul to time and causation), using always the same accent-EASE CAUSING DEATH (the primary affection with respect Strtement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia") pneumonia, Broncho:pneumonia ("Pneumonia,"

> Tapproved by stited unless important. Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Enhaustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy," Enhaustion," "Heart failure," "Haemorrhage," as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (Recommendations on statement of cause of death Ledanus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenelature Chronic etc. The contributory valvular heart disease; not be

enswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1930

// PLACE OF DEATH	() 1550 STATE OF MARYLAND
County Clail	CERTIFICATE OF DEATH
County	Projection Diet No. 94
	Registration Dist. No.
Village or City hear Bar View (No	St.: Ward) (If death occurred in
	a hospitul (r institu- tion, give its NAME ir- stend of street and
2FULL NAME John W Worth	stead of street and number.)
TOLL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH 4
WIDOWED. //Q	July 20, 1900
Male White OR DIVORCED Wild	(Montil) (Day) (Year)
6 DATE OF BIRTH	174 I HEREBY CERTIFY, That I attended the deceased from
Sept 16 , 1861	July 20 1930 to tily 20, 1939
(Month) (Day) (Year)	that I last saw here on Sully 20 , 1930
7 AGE	and that death occurred on the date stated above, at 930Pm.
day hrs.	The CAUSE OF DEATH * was as follows:
68 yrs. 3 mos. 4 ds. or min.?	
BOCCUPATION	Mitral Insufficiency
(a) I rade, profession or Harmer	
(b) General nature of industry	
business, or establishment in (Rof) / Wan	(Duration) 2 yrs. mossds.
which employed or (employer) While / gut	Contributory
9 BIRTHPLACE (State or country)	Secondary
Mol	(Duration) yrsmosds.
10 NAME OF FATHER	(Signed) M.D.
& saacs world	Febry 21 1932 (Address) North East Ind
M 11 BIRTHPLACE C OF FATHER	*State the Disease Causing Death, or, in deaths from
Z (State or country) Md	Violent Causs, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
T 12 MAIDEN NAME of MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a your my	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of death vis. mos. ds. State yrs. mos. ds.
(State or country) Md	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
mall Milath	Former or usual residence.
(Informant) Mr Harry Worth	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) north frust Rd mal	-1 A 12 PR 7 4/21/ 82
(Addices)	20 UNDERTAKER ADDRESS L
15 Filed 2-24-30192 Les W. Cengus	A PULL TIE MY
Registra	ough of promy much carp?
If more blanks are needed, address State Registrar	, 16 W. Sarat ga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed er," eta., Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. should be used only when needed. As examples: 'a' whatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, laborer, Wever return 'Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farn or or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation - Precise statement of ocreport specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Compositor, who are engaged in the duties of the (a) the kind of work and also (b) the Stolienery fireman, etc. But in many Architect, Locamotive engineer, Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosynnal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pnoumonia"); Johan pneumonia. Bronchopmeumonia ("Pneumonia");

> "Exhaustion," "Heart f "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," (secondary or intercurrent) affection need not use of "Tumor" for malignant neoplasms); Measles; tetunus) may be stated under the head of "contributory" carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases cun be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing enges, peritonaeum, etc., Carcinona, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage as by Committee on cough; Chronic and consequences (e. g., sepsis, " "Old Age, "," "Coma," "Convulsions, etc. valuular heart Nomenclature The contributory " "Shock," discase;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the cartificate is permanently filed.

	MANGIN NESENVED FOR BINDING	FOR	BINDING	1		The state of the s
INET, WITH U	INCT, WITH UNFADING INK-THIS IS A PERMANENT CORD	S IS A	PERMANE	TN	CORD	人
(7	*****		-		1	

WRITE MINET, WITH UNFADING INK-THIS IS A PERMANENT CORD N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI- CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
WRITE MINET, WITH UNFADING INKTHIS IS A PERMANENT y item of information should be carefully supplied. ACE should be standard of information should be carefully supplied. ACE should be standard of occupation should be carefully supplied. ACE should be standard of occupation should be professed of the careful of occupation is very important. See instructions on back of the parents of the careful of occupations.
WRITE INC. WITH UNFADING INK-THIS IS A PERMANENT N. B.—Every item of information should be carefully supplied. ACE should be stated cause of DEATH in plain terms so that it may be prestatement of OCCUPATION is very important. See instructions on back of the contraction of the c
WRITE (INC.), WITH UNFADING INKTHIS IS A PERMA N. B.—Every item of information should be carefully supplied. ACE should CIANS should state CAUSE OF DEATH in plain terms so that it may statement of OCCUPATION is very important. See instructions on bac
WRITE INCT, WITH UNFADING INK-THIS IS A CIANS should state CAUSE OF DEATH in piain terms so that statement of OCCUPATION is very important. See instruction is the contract of OCCUPATION is very important.
WRITE INCT, WITH UNFADING INK-THIS CIANS should state CAUSE OF DEATH in plain terms statement of OCCUPATION is very important. See inst
WRITE INTE, WITH UNFADING IN Secretarial statement of OCCUPATION is very important.
WRITE MINE, WITH UNFA N. B.—Every item of information should be clans should state CAUSE OF DEA statement of OCCUPATION is very im
WRITE MINE, WITH N. B.—Every item of information sho Clans should state CAUSE o statement of OCCUPATION is PARENTS
WRITE INC. N. B.—Every item of inform Clans should state statement of OCCUP.
WRITE CIANS should statement of 0
V. B.—Every its CIANS stateme
8. B.

PLACE OF DEATH	12352 STATE OF MARYLAND
County Cecil	CERTIFICATE OF DEATH
Village or City Cayots Comers. (No	Registration Dist. No. 9/
2FULL NAME Mrs Katy Wythe	St.: Ward) St.: Ward) A lospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SHNGLE, MARRIED, Married, White OR DIVORCED (Write the word)	16 DATE OF DEATH , 19230
8 DATE OF BIRTH LB 14: , 1/878 (Month) (Day) (Yesr)	17 I HEREBY CERTIFY, That I attended the deceased from BOX 26, 1980. to Oct 30 th, 1980, that I last saw here alive on Oct 30 th, 1980,
7 AGE State	and that death occurred on the date stated above, at 12,400 m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (A) Trade, profession or particular kind of work (b) General nature of industry usiness, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Queen Aunes Co, Md.	Contributory Chronic bronchitis & sufficience Secondary (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) Unknown,	(Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 12 MAIDEN NAME OF MOTHER OF WORK OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(Informant) CD Down	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Cherapeake City Md 15 Filed Oct-3/ 1930 B. Haward Brown Registrar	acuton amoting Nov. 3.7. 1980.
If more branks are needed, addresa State Registra	16 W. Saratoga St., Balco., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) "telanus) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o: Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

CORD

0

WRITE

ż

HYSI- Exact	PLACE OF DEATH County	12353 STATE OF MARYLAND CERTIFICATE OF DEATH
ed EXACTLY, erly classified rtificate.	Village or City Chesapeakeno. City RS 2FULL NAME John Jed	St.: Ward) St.: Ward) St.: Ward) A hospital or institution, give its NAME instead of street and number.)
atec	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d be sta y be pre ack of	3 SEX 4 COLOR OR RACE MARRIED, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Oct 25-, 1930
CE should nat it ma ons on b	6 DATE OF BIRTH (Month) (Day) (Year)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 25 1920. to CEL 25, 1938, that I last saw haralive on 25, 1988,
olled. ACE ms so than instruction	7 AGE If LESS than I day Shrs. ormin.?	and that death occurred on the date stated above, at
lery Item of information should be carefully sur IANS should state CAUSE CF DEATH in plain te atement of OCCUPATION is very important. See	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Suite Medicak 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Chesopeake City hy	(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Character and the contracted of the co
. B E.	Filed/927 1980 B. Haward Brawn Registrar	20 UNDERTAKER H. W. Cippiu Elkton ml

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. worked on may form part of the second statement. Physician, Compositor, Architect, report specifically the occupations of persons en Foreman, For many occupations a single word or term on man, (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of death and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "(Exhaustion," "Heart failure, "Shock," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertlonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease, etc. The contributory affection need not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3

AINLY, WITH UNFADING INK-THIS IS A P
H UNFADING INKTHIS IS
H UNFADING INK-THIS
H UNFADING
I
WITI
LINEY,

WRITE

N. B.

S. No.

1			UUUUX	
PLACE	OF DEATH		STATE OF MARYLAND	
County	Cacil		CERTIFICATE OF DEATH	
/			Registration Dist. No. 96	
	U. S. Vetera	ns' Hospital, Perry , Harry G. C#297	tion, give its NAM	stitu IE in
PERSON	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX	4 COLOR OR RACE	SINGLE, Single MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH June 5 , 1930 (Month) (Day) (Yea	
6 DATE OF BIR	June (Month)	20 , 1 889	17 I HEREBY CERTIFY, That I attended the deceased	from 30
7 AGE		mos. 15 ds. or min.	. The CAUSE OF DEATH * was as follows:	recom IFX
	ofession or	Railroad a borer	3. Hypertrophied and dilated heart.	
business, or es	stablishment in ed or (employer)		#1.2 yrs. 2. 2 y (Duration) 3. 5 yrs. mos	rs de
9 BIRTHPLACE (State or cou		Balto., Md.	Contributory Dementia Praecox, Hebephreni Secondary Type, pronounced. (Durston) 4 yrs. mos.	
10 NAME O	Unk	n own .	(Signed) T. F. NEIL, Acting Med. Officer in June 6 19230 (Address) Perry Point, Md.	
ш.	e country)	**	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether	m er
OF MOTH		11.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, T	rans
13 BIRTHPL OF MOTH (State or	Country)	n	At place 4 yrs 11mos 5 ds. In the State Unknown Where was disease contracted,	da
	Wagni to 1		Former or usual residence Woodbine, Md. Carroll Co.	-
(Addr		Point, Md.	Joseph B. Cook, Undertaker, June 9, 19	30
Filed June	0 5 19 2 0 CZ	Registrar	Pennington & Son, Havre de Grace, Md.	
(State or 12 MAIDEN OF MOTH OF MOTH (State or 14 THE ABOVE I	Country) NAME HER AGE JER Country) IS TRUE TO THE BEST Hospital Perry 1970	n of MY KNOWLEDGE Records Point, Nd.	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents) At place of death yrs. 12 nos. 5 ds. In the State. Unknown Where was disease contracted, if not at place of death? Unknown Former or usual residence Woodbine, Md. Carroll Co. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURI JOSeph B. Cook, Undertaker, June 9 , 1203 W. Balto, St., Balto, ADDRESS Pennington & Son, Havre de Grace, Md.	T

0.60.20

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more preuse speciments in laborer, laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as become, cour, Househaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engincer, Physician, Foreman, For many occupations a single word or term on in domestic service for wages, as Servant, Cook yrs). For persons who have no occupation Compositor, Stationary fireman, etc. But in many (b) Automobile factory. The material (a) the kind of work and also (b) the Architect, Locomolive engineer,

Statement of Cause of Death—Name, first, the DISEASE GAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL seplicacmia," "PUERPERAL peritonitis, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of 'head-homicide; Poisoned by can be ascertained as the cause. Always qualify ali "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart milure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock, Whooping approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Uraemia, " "Weakness," etc., when a definite disease (secondary American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, death), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage as cough; or intercurrent) Chronic etc. affection, need valvular heart Nomenclature The contributory not be disease;

If this codificate is looked over thoroughly and all questions answered to detail will prevent further correspondence. All the data is executal and must be obtained before the certificate is perminently filed. If FINALL NAC